



# Department of the Army

## WARRIORS IN TRANSITION (WT) – CONSOLIDATED GUIDANCE

Revised: 17 September 2007

**ALL CHANGES ARE HIGHLIGHTED IN YELLOW**

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# **CHAPTER 1: INTRODUCTION TO WARRIORS IN TRANSITION (WT) CONSOLIDATED GUIDANCE (CG) FOR ACTIVE (AC) AND RESERVE COMPONENTS (RC)**

Revised: 17 September 2007

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# INTRODUCTION

## 1. PURPOSE:

To provide a consolidated Army policy and procedure document for managing Warrior in Transition Unit (WTU) Soldiers. This document standardizes Army guidance.

## 2. BACKGROUND:

- a. The Army has been heavily engaged in operations in support of the GWOT as well as operations to manage the health, welfare, and readiness of Soldiers who are injured or ill. Previously, there was no overarching Army collective or regulatory guidance consolidating all aspects of WTUs.
- b. The Army has created WTUs to which Soldiers may be assigned or attached while undergoing medical care and rehabilitation. For the purpose of this guidance, all previous MRPU are designated as **WTUs**.

## 3. OVERVIEW:

- a. Vision: to create an institutionalized, Soldier-centered WTU Program that ensures standardization, quality outcomes, and consistency with seamless transitions of the Soldier's medical and duty status from points of entry to disposition.
- b. Goal: Expeditiously and effectively, evaluate, treat, return to duty, and/or administratively process out of the Army, and refer to the appropriate follow-on health care system, Soldiers with medical conditions.
- c. Intent: To provide Soldiers with optimal medical benefit, expeditious and comprehensive personnel and administrative processing, while receiving medical care. The Army will take care of its Soldiers through high quality, expert medical care. For those who will leave the Army, the Army will administratively process them with speed and compassion. The Army will assist with transitioning Soldiers' medical needs to the Department of Veterans Affairs (DVA) for follow-on care.

## 4. DEFINITION OF WARRIOR IN TRANSITION:

- a. A Warrior in Transition is Medical Holdover, Active Duty Medical Extension, Medical Hold and any other Active Duty Soldier who requires a Medical Evaluation Board. An Active Duty Soldier with complex medical needs requiring six months or more of treatment or rehabilitation. Initial Entry Training (IET) Soldiers are only eligible if they require a Medical Evaluation Board or when deemed appropriate by the local MEDCOM Commander and the IET Soldier's Commander. A Soldier's mission while assigned to a WTU is to heal. Soldiers assigned to a WTU may have work assignments in the unit, but such work may not take precedent over the Soldier's therapy and treatment. Unit Commanders must clear UCMJ actions, other legal actions, investigations, property/ hand receipt issues and Line of Duty determinations

prior to the transfer to the Warrior Transition Units. (Frago 1 Annex S to EXORD 118-07).

**5. REFERENCES:** Each chapter has the references listed within.

**6. OBJECTIVES:**

- a. Address and ensure resolution on all aspects of personnel administration and processing for the WT from points of entry through disposition, to include processing through the Physical Disability Evaluation System (PDES). Final disposition occurs when the WT is determined/found medically cleared for duty or the PDES process is complete, including appeals.
- b. Address and ensure resolution on the administrative aspect of medical management for the WT, including Tri-Service Medical Care (TRICARE) and/or Veterans Health Administration follow on medical care.
- c. Address and ensure resolution on command and control (C2), including logistical support, for the WT assigned or attached to garrison units, Medical Treatment Facilities (MTF), Warrior Transition Units (WTU), and Community Based Health Care Organizations (CBHCO).
- d. Address and ensure resolution on the accountability and tracking of the WT in real time as he/she progresses through the WT process and if necessary, the PDES process.

**7. CONTENTS:**

**a. CHAPTER 2. ACTIVE COMPONENT WARRIORS IN TRANSITION:**

**FOR THE ACTIVE COMPONENT (COMPO 1) SOLDIER ONLY (INCLUDING SOLDIERS IN THE AGR PROGRAM)**

This chapter provides the implementing instructions for identification and referral of active component (AC) Soldiers to the Warrior Transition Unit (WTU).

**b. CHAPTER 3. MEDICAL RETENTION PROCESSING (MRP):**

**FOR THE GWOT RC SOLDIER CURRENTLY ON ACTIVE DUTY.**

(1) This chapter provides the implementing instruction for C2 and personnel management of RC – Army National Guard of the United States (ARNGUS), and United States Army Reserve (USAR) – Soldiers who voluntarily transition from 10 USC 12302 partial mobilization orders to 10 USC 12301(h) orders for MRP, to include participation in the Community Based Health Care Organization (CBHCO).

(2) This program applies only to RC Soldiers currently on active duty for contingency operations in support of the GWOT.



**c. CHAPTER 4. MEDICAL RETENTION PROCESSING 2 (MRP2):**

(1) This chapter provides the implementing instruction for personnel and C2 management of RC – ARNGUS, and USAR - Soldiers voluntarily transitioning onto active duty under 10 USC 12301(h) for MRP, to include participation in the CBHCO.

(2) MRP2 is designed to authorize the temporary return to active duty status for MRP RC Soldiers previously mobilized in support of GWOT. Under MRP2, Soldiers may voluntarily return to active duty specifically for medical evaluation and treatment and if necessary processing through the PDES for injury or illness incurred or aggravated during their previous period of mobilization in support of GWOT.

**d. CHAPTER 5. ACTIVE DUTY MEDICAL EXTENSION (ADME):**

(1) The ADME program is for the RC-Soldier with a documented **non-GWOT** in-the-line-of-duty incurred or aggravated injury, illness, or disease. ADME is similar to MRP and MRP2; however, there are significant differences between MRP/MRP2 and ADME. ADME places the RC Soldier onto active duty in a WT - RC status. ADME implementation instruction is included in this document as a reference for RC Soldiers and their C2 to facilitate RC Soldier's who qualifies for this program receive timely medical evaluation, treatment, and if necessary process through the Army PDES.

(2) This chapter provides the implementing instruction for C2, medical, and administrative management of RC Soldiers voluntarily requesting an extension on or order to active duty under 10 USC 12301(h) for participation in the ADME program.

**e. References link:**

**1. OTSG / MEDCOM WT - RC SOLDIER'S HANDBOOK**

**Purpose:** The purpose of this handbook is to provide Warrior Transition Unit (WTU) Warrior in Transition (WT) - RC Soldiers with information on WTU Warrior Transition operations, medical treatment and disability processing, as well as guidance on standards of conduct and key policies. See applicable local WTU company policy memoranda and standing operating procedures (SOP) for specific directives.

**A. Applicability:** This Warrior in Transition Program WT – RC Handbook applies to all RC Soldiers on MRP orders assigned or attached to a WTU, including Medical Retention Processing Units and Community Based Health Care Organization (CBHCO). All WT – RC Soldiers are required to read and familiarize themselves with this handbook. Soldiers will follow the provisions in this handbook while in a WTU Warrior Transition status.

**B. General:** WTU operations include comprehensive Command and Control (C2), administrative and logistical support, medical evaluation, treatment, disability processing (when indicated), and transition support for mobilized Reserve Component (RC) Soldiers with sustained or aggravated injuries or illness while on active duty. The Surgeon General and US Army Medical Command (MEDCOM) have the responsibility for executing WTU operations for the Army. The US Army Installation Management Command (IMCOM), the US Army Human Resources Command (HRC), the US Army Finance Command (FINCOM), the Army G-1, and other Department of The Army (DA) staff elements and agencies are supporting Commands.

## **2. Miscellaneous Documents:**

This section contains documents collected from the various agencies involved in WTU operations. Documents are organized according to the issuing agency. Some documents are listed in their entirety, while others are referred with a web address leading to the site where the document is posted.

The references for OTSG / MEDCOM Soldier's Handbook and the various Miscellaneous Documents are at

[http://www.armyg1.army.mil/wtu/docs/WTU\\_Reference\\_Sections.pdf](http://www.armyg1.army.mil/wtu/docs/WTU_Reference_Sections.pdf)

## **3. PDES Soldier's Handbook.**

- 1) What You Need to Know About the Physical Disability Evaluation System
- 2) Overview of the Department of the Army's Physical Disability Evaluation System
- 3) Overview of the Department of the Army's Physical Disability Evaluation System.
- 4) When is a Soldier unfit to continue military service?
- 5) Typical medical evidence used by the PEB includes:
- 6) I have been seriously hurt; what happens next?
- 7) Medical Evaluation Board (MEB)
- 8) Referral to PEB
- 9) How is the PEB structured?
- 10) Informal PEB
- 11) Formal PEB
- 12) How does the PEB decide who receives disability retirement and who receives disability severance pay?
- 13) How are these pays computed?
- 14) What does placement on the Temporary Disability Retirement List (TDRL) mean?
- 15) The PEB says my condition existed prior to service. How can this be? I never suffered from this condition before I came into the Army.
- 16) Separation without Disability Benefits,
- 17) What is the eight-year rule?
- 18) I am a Reserve Component Soldier. Are there any differences in how my case will be processed through the PEB?

The **PDES handbook** is at

<https://www.hrc.army.mil/site/Active/TAGD/Pda/ArmyPDES.html>

The **complete PDA website is at**

<https://www.hrc.army.mil/site/Active/TAGD/Pda/pdapage.htm>

# **CHAPTER 2: ACTIVE COMPONENT WARRIORS IN TRANSITION (WT)**

**DRAFT**

**INSTRUCTIONS FOR IDENTIFICATION AND REFERRAL OF ACTIVE  
COMPONENT (AC) SOLDIERS TO THE WARRIOR TRANSITION UNIT  
(WTU) PROGRAM.**

**PENDING LEGAL REVIEW**

Revised **17 September 2007**

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## **1. DOCUMENT PURPOSE:**

a. To provide implementing instruction for command and control (C2) and personnel management of AC Soldiers assigned to Warrior Transition Units.

b. Program effective date: 14 June 2007.

## **2. REFERENCES:**

a. MEDCOM memorandum dated 24 July 2007, Clarification of Requirement for Line of Duty Investigations (LODI) for Soldiers being Referred to the Physical Disability Evaluation System

b. MILPER Message 07-225, Transition Services for Soldiers Assigned to Warrior Transition Units and Adjustment of VA Benefits.

c. ALARACT 185/2007, Transition Leave Processing for Active Component (AC) (Medical Hold) and Mobilized Reserve Component (RC) Medical Holdover.

d. DODD 1332.18, Separation and Retirement for Physical Disability, 4 November 1996.

e. DODI 1332.38, Physical Disability Evaluation, 14 November 1996.

f. Department of Defense Financial Management Regulation (DODFMR), Volume 7A, Allotments.

g. DODFMR, Volume 7B, Military Pay and Procedures – Retired Pay.

h. Army Regulation (AR) 40-66, Medical Records Administration and Health Care Documentation.

i. AR 40-501, Standards of Medical Fitness.

j. ALARACT 141/2007, HQDA G3/5/7 Warriors in Transition Family Escort.

k. ALARACT 175/2007, Commander Notification of Arrival and Departure of Medically Evacuated Warriors.

l. AR 600-8-4, Line of Duty Policy, Procedures, and Investigations.

m. AR 600-8-19, Enlisted Promotions and Reductions.

n. AR 600-8-101, Personnel Processing (In, Out, Soldier Readiness Mobilization, and Deployment Processing).

o. AR 600-60, Physical Performance Evaluation System.

- p. AR 623-3, Evaluation Reporting System.
- q. DA Pam 623-3, Evaluation Reporting System.
- r. AR 635-40, Physical Evaluation for Retention, Retirement, or Separation.
- s. MILPER Message 07-206, DD Form 93: Non-Medical Attendant
- t. HQDA G-1 Memorandum, dated 18 Jun 2007, Housing Prioritization for Warriors in Transition (WT).
- u. OTSG/MEDCOM Policy memorandum 07-24, dated 2 July 2007, Transfer of Medical Information from the Joint Patient Tracking Application (JPTA) into AHLTA
- v. OTSG/MEDCOM memorandum 07-031, dated 6 Aug 07, Access to Veterans Benefits Counseling.
- w. ALARACT 135/2007, Initial Personnel Policy Guidance for Assignment and Attachment to Warrior Transition Units (WTU).
- x. AR 635-200, Enlisted Administrative Separations
- y. ALARACT 186/2007 Uniform Wear Policy Changes for Soldiers Assigned to the Warrior Transition Unit (WTU).
- z. Medical Command (MEDCOM) OPORD 06-03 (Community Based Health Care Organizations (CBHCO) WTU (MHO) Operations).
- aa. Department of the Army EXORD 118-07 Healing Warriors, DTG 021000Q June 2007.
- bb. Department of the Army FRAGO 1 to EXORD 118-07 Healing Warriors, DTG 161400Q August 2007.
- cc. DA Fragmentary Order (FRAGO) 10016ZJAN172006, Transfer of Authority of CBHCO from Forces Command (FORSCOM) to MEDCOM.
- dd. Department of the Army Personnel Policy Guidance for Contingency Operations in Support of the Global War on Terrorism found at the following website:  
<http://www.armyg1.army.mil/>
- ee. All Army Activities (ALARACT) Message 139/2007, Subject: applicable processing procedures for military orders pertaining to Soldiers in a patient status who are moved from theater.
- ff. Family and Morale, Welfare and Recreation Command memorandum, dated

15 June 2007, Extension of Eligibility Criteria for Child and Youth Programs at Walter Reed Army Medical Center.

gg. Memorandum of Agreement between, HQDA Installation Management Command and U.S. Army Medical Command concerning Command and Control of Warrior Transition Units and Medical Retention Processing Units, dated 12 June 2007

hh. MILPER message 07-157, Implementation of Transition Program Memorandum of Understanding

ii. Human Resources Command memorandum, dated 15 June 2007, Implementation of Transition Policy for Wounded Warriors in Medical Hold/Holdover and their Families

jj. OTSG/MEDCOM memorandum, dated 23 August 2007, Escorts for Non-Medical Caregivers and Families Traveling on Official Orders

kk. ALARACT 160/2007 Interim Guidance: Army Mild Traumatic Brain Injury (MTBI/Post Traumatic Stress Disorder (PTSD) Awareness and Response Program

ll. Army G-4 message dated 071757Z May 07, Army Clothing for OIF/OEF Hospitalized Personnel

mm. U.S. Army Medical Command memorandum, dated 21 June 2007 US Army Medical Command Training Guidance (change 1)

nn. AR 40-400, Patient Administration

oo. AR 600-8-105, Military Orders

pp. AR 25-400, Army Records and Information Management System

qq. ALARACT 188/2007, Separation Retirement Due to Physical Disability

### **3. AUTHORITY:**

Department of the Army EXORD 118-07 Healing Warriors, DTG 021000Q June 2007.

### **4. WTU PROGRAM INTENT:**

The WTU program is designed to compassionately evaluate and treat the WT (Warrior in Transition) with an in the line of duty incurred illness, injury, or disease or aggravated pre-existing condition. To, as soon as possible, return Soldiers back to duty. If a return to duty is not possible, process the Soldier through the Army Physical Disability Evaluation System (PDES).

## **5. WARRIOR IN TRANSITION DEFINITION:**

A Warrior in Transition is Medical Holdover, Active Duty Medical Extension, Medical Hold and any other Active Duty Soldier who requires a Medical Evaluation Board. An Active Duty Soldier with complex medical needs requiring six months or more of treatment or rehabilitation. Initial Entry Training (IET) Soldiers are only eligible if they require a Medical Evaluation Board or when deemed appropriate by the local MEDCOM Commander and the IET Soldier's Commander. A Soldier's mission while assigned to a WTU is to heal. Soldiers assigned to a WTU may have work assignments in the unit, but such work may not take precedent over the Soldier's therapy and treatment. Unit Commanders must clear UCMJ actions, other legal actions, investigations, property/ hand receipt issues and Line of Duty determinations prior to the transfer to the Warrior Transition Units. (Frago 1Annex S to EXORD 118-07)

## **6. PROGRAM STANDARDS:**

WT Program Standards are based on the four Mission Essential Tasks for Warrior Transition Units: (1) Command and Control; (2) Provision of Clinical Care; (3) Administrative Support; and (4) Reintegration into the Force and/or Transition to Civilian Life. The attached document is a summary of the required functions and standards for successful Warrior Transition Unit (WTU) operations.

## **7. ROLES AND RESPONSIBILITIES:**

### **7-1. ASA (M&RA):**

- a. Provide program oversight for WTU (MHO) Program operations.
- b. Responsible as the overall policy proponent for WTU (MHO) operations.
- c. Coordinate, as necessary, WTU operations with HQDA staff elements and other Major Army Commands (MACOMs).
- d. Assist HQDA, Deputy Chief of Staff (DCS) G-1 in developing personnel policy for WTU operations in coordination with MEDCOM, IMCOM, HRC-A, Physical Disability Agency (PDA), Chief, National Guard Bureau (CNGB), Chief, Army Reserve (CAR), US Army Finance Command, and Defense Finance and Accounting Service (DFAS).



**7-2. Headquarters, Department of the Army, Deputy Chief of Staff G-1 (HQDA, DCS G-1) will:**

- a. Develop personnel policy for WTU operations in coordination with ASA (M&RA), MEDCOM, IMCOM, HRC-A, PDA, CNGB, CAR, US Army Finance Command, and DFAS.
- b. Provide policy guidance for MRP as directed by ASA (M&RA).

**7-3. Office of the Surgeon General (OTSG) / Medical Command (MEDCOM) will:**

- a. Serve as the Supported Command synchronizing WTU operations.
- b. Develop and implement medical standards and policy to support WTU operations, to include provision of clinical care, case management, monitoring outcomes, treatment tracking, ensuring appropriate and adequate clinical resources and support, and providing staff orientation and education.
- c. Provide overall technical supervision and quality control over all medical aspects of the WTU Program.
- d. Establish medical decision criteria, and make individual evaluations on type and location of medical treatment for WT.
- e. Refer WT to the Army PDES in accordance with (IAW) Department of Defense (DOD) and Army policy.
- f. Retain primary responsibility for determining the best location for medical treatment for WT.
- g. Maximize throughput capacity at MTF by increasing staffing, temporarily shifting resources, and effectively utilizing a combination of resources to improve access to health care and to reduce the administrative time AC Soldiers spend in a WTU status.
- h. Establish technical procedures to conduct quality assurance (QA) review of WTU (MHO) program, to include the Medical Evaluation Board (MEB) and Physical Evaluation Board Liaison Officer (PEBLO) functions.
- i. Develop job descriptions for WTU.
- j. Develop SOPs for WTU.
- k. Develop procedures utilizing MODS that provide real time visibility and accountability of WTU Soldiers assigned and attached to WTUs.

**7-4. United States Army Finance Command (USAFINCOM) will:**

- a. Assist HQDA, DCS G-1 in developing personnel policy for WTU operations in coordination with MEDCOM, IMCOM, HRC-A, PDA, CNGB, CAR, and DFAS.
- b. Conduct oversight of finance roles and responsibilities in all aspects of WTU operations, to include the Soldier Family Assistance Center (SFAC).
- c. Assist in resolving military and travel pay issues.
- d. Coordinate with DFAS, ARNG and USAR Pay Ombudsman Offices for pay support and providing procedural, policy and pay systems guidance.
- e. Coordinate, when necessary, with DFAS, ARNG and USAR Pay Ombudsman Offices to support the Army Medical Action Plan (AMAP) missions and Staff Assistance Visits (SAV).
- f. Ensure compliance by finance offices on the AMAP Executive Order (EXORD) and Fragmentary Orders to the EXORD, AMAP SAVs and DFAS Wounded Warrior Pay Management Program.
- g. Ensure and monitor compliance of metrics requirements by the finance offices IAW the AMAP EXORD.
- h. Report monthly metrics on mobilization and demobilization pay (tours), MRP orders and MEDEVAC entitlements timeliness.

**7-5. Defense Finance and Accounting Service (DFAS) will:**

- a. Assist HQDA, DCS G-1 in developing personnel policy for WTU operations in coordination with MEDCOM, IMCOM, HRC-A, PDA, CNGB, CAR, and USAFINCOM.
- b. Establish finance procedures with installation MTF, WTU and Soldier Family Assistance Center (SFAC) to ensure WT's accountability, duty status and accurate pay account.
- c. Brief WTU Commanders and cadre on the requirements and processing of military and travel pay, leave processing (DA Forms 31) and pay-effecting documents.
- d. Assist/train the financial management NCO or specialist in the WTU on technical support (military and travel pay, pay systems, software, etc.).

e. Comply with the Army Medical Action Plan (AMAP) Executive Order (EXORD) and Fragmentary Orders to the EXORD and AMAP SAV Checklist.

f. Develop and report metrics to the appropriate Commanders and DFAS leaders on processing pay-related documents, travel vouchers, unit Commanders finance report, unit Commanders pay management report, PCS, TCS or attachment orders and pay-effecting documents.

g. Maintain and update WTs military pay and travel records, as needed.

h. Process Family members travel vouchers for payment.

i. Update and maintain the DFAS Wounded Warrior Pay Management Program database.

**7-6. Installation Management Command (IMCOM) will:**

- a. Ensure that Soldiers in a WTU status exceeding 30 days on IMCOM installations are billeted to accommodate their medical condition, and that these billets are comparable to permanent party billeting on the same installation. At the minimum, this billeting will be safe, secure, and climate controlled, with inside latrines and privacy between sleeping areas. Provide appropriate accommodations for Soldiers with functional or medical limitations.
- b. Support Commander, MEDCOM, by participating in the on-site certification of the WTU sites, ensuring they are mission-ready before accepting WT.
- c. Collaborate as required with HQDA, DCS G-1 in developing personnel policy for WTU operations in coordination with ASA (M&RA), MEDCOM, HRC-A, PDA, CNGB, CAR, US Army Finance Command, and DFAS.
- d. Support MEDCOM in conducting on-site assistance visits of the WTU sites.
- e. Collaborate with MEDCOM to develop procedures for the transfer of WT from IMCOM installation-to-installation, installation-to-CBHCO, and CBHCO-to-installation.
- f. Support WTU and CBHCO Commanders with installation personnel administrative processes.
- g. Collaborate with MEDCOM to ensure WTU command completes in-processing requirements including all personnel and pay actions such as personnel status changes to support accountability in Electronic Military Personnel Office (eMILPO), process for pay and update the Defense Enrollment Eligibility Report System (DEERS), and issue of dependent identification cards if necessary in accordance with the eMILPO Functional Guide and AR 600-8-14.

- h. Conduct WTU Soldier transition activities through installation Transition Centers.
- i. Conduct IMCOM specific Deployment Cycle Support (DCS), Stage V, Re-deployment, and tasks for WTU Soldiers and their Families IAW the Department of the Army DCS Directive. This web site is [www.armyds3.org](http://www.armyds3.org)
- j. Facilitate WTU cadre replacement processing by coordinating with HRC-A, HRC-S, OTSG/MEDCOM, and DA G3, until 1 Jan 08 as specified by the 11 Jun 07 IMCOM/MEDCOM MOA for MRPU transfer of command and control.

**7-7. Soldier and Family Assistance Center (SFAC) will:**

- a. Provide a continuum of services and care ICW the WTU
- b. Greet Soldiers and Families/provide assessment & information and referral services.
- c. Provide military personnel services.
- d. Provide transition assistance and services.
- e. Provide education services.
- f. Provide social services to include financial counseling, stress management, and EFMP services.
- g. Coordinate substance abuse services for Family members.
- h. Coordinate entitlements and services with local, regional, state and other federal agencies.
- i. Provide TSGLI counseling and application/appeal assistance.
- j. Provide legal assistance.
- k. Provide pastoral care.
- l. Assist in identifying lodging resources for non-invitational travel order (ITO) Family members.
- m. Coordinate childcare, youth supervision options.
- n. Provide school transition services.
- o. Register vehicles and coordinate installation access for non-medical attendants without ID cards.

- p. Renew and issue new ID cards.
- q. Coordinate translator services.
- r. Process invitational travel order (ITO) claims for Families.
- s. Manage donations.
- t. Act as information conduit to Non-Governmental Organizations.
- u. Complete/front load DD Form 214 worksheet.
- v. Complete DD Form 93 / SGLI.
- w. Review promotion board records.
- x. Update official military records.
- y. Complete separation transactions.
- z. Provide passport assistance.
- aa. Provide Casualty services.
- bb. Assist Soldiers with Installation clearance requirements.
- cc. Process ID cards / DEERS enrollment.
- dd. Conduct eMILPO transactions.
- ee. Publish orders (PCS/ETS/Retirement).
- ff. Provide Retirement services.
- gg. Manage selection boards.
- hh. Provide reassignment processing (notification / interview).
- ii. Conduct Soldier Readiness Processing (SRP).

**7-8. Warrior Transition Unit (WTU) will:**

- a. Provide C2 for WTs.
- b. Clinical case management.
- c. Process MilPer actions:
  - 1. Evaluations (OER/NCOERS)
  - 2. In/Out processing (Arrival / Installation clearance)
  - 3. Awards
  - 4. eMILPO transactions(Unit level)
  - 5. Promotions (Reserve Components, LNOs with WTU)
  - 6. MilPay
  - 7. Personnel service actions
- d. Provide postal services
- e. Ensure sponsorship for Soldier and Family
- f. Coordinate transition for WT
- g. Manage WT retention requirements (Sanctuary eligibility)
- h. Conduct official military record maintenance
- i. Provide WT assistance with Citizenship applications
- j. Update Family Care Plans (FCP)
- k. Greet and meet Soldiers and Family members at airport
- l. Transport Soldiers and Family members from airport to unit
- m. FRSA supports FRG for WTU
- n. Conduct initial Soldier needs assessment IAW checklist
- o. Conduct mandatory briefings (TBI/PTSD)
- p. Assess Soldiers for Community Based Health Care Organization (CBHCO) referral
- q. Conduct Behavioral Health assessments
- r. Ensure Line of Duty investigations are completed
- s. Conduct Soldier/Family transition planning

**7-9. Chief, National Guard Bureau (CNGB) will:**

- a. Assist HQDA, DCS G-1 in developing personnel policy for WTU operations in coordination with MEDCOM, IMCOM, HRC-A, PDA, CAR, USAFINCOM and DFAS.
- b. “Provide base operations (BASOPS) support including information management/information technology (IMIT), lodging, personnel, finance...”
- c. Assist the local servicing finance office or WTU financial management specialist, upon request, resolve WT military and travel pay inquiries and assist Family members in travel voucher processing and payment, as necessary.
- d. Coordinate and assist DFAS to complete pay account reviews and maintenance IAW the DFAS Wounded Warrior Pay Management Program.
- e. Assist the USAFINCOM and DFAS, upon request, respond to inquiries or pay account audits to comply with, but not limited to, Congressional, GAO, AAA, DAIG and DoDIG requests.
- f. Coordinate, when necessary, with the USAFINCOM, DFAS and USAR Pay Ombudsman Offices to support the Army Medical Action Plan (AMAP) Executive Order (EXORD) and Fragmentary Orders (FRAGOs) to the AMAP EXORD.

**7-10. Chief, Army Reserve (CAR)/Commanding General, United States Army Reserve Command (USARC) will:**

- a. Assist HQDA, DCS G-1 in developing personnel policy for WTU operations in coordination with MEDCOM, IMCOM, HRC-A, PDA, CNGB, USAFINCOM and DFAS.
- b. “Provide base operations (BASOPS) support including information management/information technology (IMIT), lodging, personnel, **finance**...”
- c. Assist the local servicing finance office or WTU financial management specialist, upon request, resolve WT military and travel pay inquiries and assist Family members in travel voucher processing and payment, as necessary.
- d. Coordinate and assist DFAS to complete pay account reviews IAW the DFAS Wounded Warrior Pay Management Program.

e. Assist the USAFINCOM and DFAS, upon request, respond to inquiries or pay account audits to comply with, but not limited to, Congressional, GAO, AAA, DAIG and DoDIG requests.

f. Coordinate, when necessary, with the USAFINCOM, DFAS and ARNG Pay Ombudsman Offices to support the Army Medical Action Plan (AMAP) Executive Order (EXORD) and Fragmentary Orders (FRAGOs) to the AMAP EXORD.

## **8. ASSIGNMENT OR ATTACHMENT TO THE WARRIOR TRANSITION UNIT**

### **8-1 General Information**

1. Soldiers who meet the eligibility criteria per the definition of 'Warrior in Transition (Pg. 8) **will** generally be assigned or attached to the Warrior Transition Unit (WTU). Assignment or attachment to the WTU will be the **rule** for these Soldiers. Only in rare instances, Soldiers who meet the criteria in this definition will not be transferred to the WTU **by exception only**.

### **8-2 Categories of Assignment/Attachment:**

1. Assignment/Attachment of Soldiers Medically Evacuated to MTF
2. Assignment of Soldiers Transferred to a MTF/WTU On Installation- Not Medically Evacuated
3. Assignment/Attachment of Soldiers Transferred to MTF/WTU Off Installation- Not Medically Evacuated

### **8-3 Assignment/Attachment of Soldiers Medically Evacuated to MTF**

1. Soldier is medically evacuated from CONUS/OCONUS to the MTF or is an inpatient at the MTF, civilian, VA or DoD medical facility.
2. MTF Commander attaches Soldier to MTF/WTU.
3. MTF Commander notifies Soldier's unit commander of Soldier's status within 24 hours.
4. Soldier is medically evaluated to determine if Soldier meets the criteria per the WT definition.
5. If Soldier meets the WT definition criteria, Soldier is counseled regarding WTU assignment/attachment options. Determination is made for assignment/attachment to the WTU. Financial and benefit implications for assignment/attachment can be found in the appropriate sections of this chapter.



6. MTF Commander approves **assignment/attachment** orders for the Soldier.

7. If Soldier will be assigned, orders will be published as soon as the decision is made. However, the report date can be no earlier than 90 days from the MTF/WTU Commander decision date (the decision date equates to the date the orders are published). Early report should be authorized. This will allow Soldier time to clear housing, move family and manage other personal matters.

#### **8-4 Assignment of Soldiers Transferred to a MTF/WTU On Installation- Not Medically Evacuated**

**1. NOTE: SOLDIERS TRANSFERRED TO MTF/WTU ON INSTALLATION WILL BE ASSIGNED ONLY (NO OPTIONS FOR ATTACHMENT OF THESE SOLDIERS).**

2. Soldier's Unit Commander (O-5 level) completes forms for ***nomination*** to the WTU. These forms are located in Annex E, F, and G.

3. Completed forms will be submitted to the MTF Commander on the installation.

4. Following Soldier medical evaluation as appropriate, the MTF Commander will approve/disapprove the request for Soldier to be assigned to the WTU.

5. If Soldier is approved for entry into the WTU, the MTF Commander will notify the unit commander of the Soldier's acceptance into the WTU within 30 days

6. Once coordination is completed, the Soldier will be **assigned** to the WTU.

#### **8-5 Assignment/Attachment of Soldiers Transferred to MTF/WTU Off Installation- Not Medically Evacuated**

1. Soldier's Unit Commander (O-5 level) completes forms for ***nomination*** to the WTU. These forms are located in Annex E, F, and G.

2. Completed forms will be submitted to the MTF Commander on the installation.

3. Following Soldier medical evaluation as appropriate, the MTF Commander will approve/disapprove the request for Soldier to be transferred to the WTU.

4. If the Soldier is approved for entry into the WTU, the MTF Commander will notify the unit commander of the Soldier's acceptance into the WTU within 30 days.

5. Once coordination is completed and Soldier is counseled on assign/attach options, the MTF Commander issues assignment/attachment orders to the WTU.

6. If Soldier will be assigned, orders will be published as soon as the decision is made. However, the report date can be no earlier than 90 days from the MTF/WTU Commander decision date (the decision date equates to the date the orders are published).

Early report should be authorized. This will allow Soldier time to clear housing, move family and manage other personal matters.

## **8-6 Work Status for Warriors in Transition**

1. Rehabilitation work supports the healing process. Soldiers in the WTUs are encouraged to participate in a work schedule with consideration for their limitations and medical regime as well as unit need.
2. An additional part of the healing process is to provide the Soldiers in the Warrior Transition Units the opportunity for work.
3. Warriors in Transition may serve as WT Cadre if certain criteria are met. That criterion is as follows:
  - a. CSM of the MTF must approve
  - b. Soldier requests Cadre position
  - c. Soldier is capable of performing the work
  - d. Each request is considered on a case-by-case basis
  - e. Soldier no longer requires intensive medical regime.

## **9. ORDER PROCESS**

### **9-1 Orders Scenario Vignettes**

Refer to Annex A

### **9-2 Temporary Change of Station (TCS) orders:**

The primary purpose of the TCS order is to serve as a personnel accountability tool able to track personnel at various locations based on the movement designator code (MDC) pm. The secondary purpose is to authorize various travel entitlements; it provides the ability to move a Soldier from station to station as required by military necessity. The format 401 order is a limited TCS order, which may be amended, revoked, or rescinded by the gaining command, as required to reflect movement within the (AOR). eMILPO is used to maintain and account for Soldiers on TCS orders and allows the supporting unit to update the Soldier's personnel file and facilitates accountability within the personnel system. Movement to duty locations will be accomplished by the original TCS order and any amendments (format 700) when a validated requirement is established as prescribed in the Personnel Policy Guidance (PPG) found on the Army G-1 web site <http://www.armyg1.army.mil>.

### **9-3 Permanent Change of Station (PCS) limitation approval authority:**

The Assistant Secretary of the Army Manpower and Reserve Affairs ASA (M&RA) is the approval authority for more than one PCS move within the same FY as prescribed by AR 614-6. MTF Commanders having WT's will reassign (intra) patients, to or between the WTU's. Immediately upon transfer, Commanders are required to transmit all assignments to or between WTU's thru the WTU Commander to the respective assignment manager at Army Human Resources Command (AHRC), The Surgeon General (TSG), The Judge Advocate General (TJAG) and Chief of Chaplains (CCH) as appropriate. The movement of a military member that would cause a second or subsequent PCS in the same FY is prohibited; except as authorized by AR 614-6, AR 614-30, AR 614-100 and AR 614-200. Request for second or subsequent change of station not permitted by the above regulations must be sent through command channels to the ASA (M&RA) by the reassigning authority. When it becomes apparent to the attending medical authorities that an injured or ill Soldier requires an extended treatment and recovery plan, active component (AC) Soldiers are often PCS'd to the MTF. Once the MTF Commander made the decision to PCS the Soldier, the report date on the PCS order will be issued no earlier than 90 days from the MTF/WTU Commander decision date (the decision date equates to the date the orders are issued). This will give the Family and Soldier time to clear the previous permanent duty station (PDS) and minimize any compensation adjustments caused by this PCS. The PCS orders to the MTF will include the statement, early report authorized, in case the Soldier is able to conclude his/her affairs at the previous PDS sooner than 90 days from the PCS decision date. MTF/WTU Commanders may decide not to PCS the AC Soldier to the MTF based on the circumstances. Installation Commanders will grant injured/ill Soldiers highest priority in clearing quarters (when applicable), setting up transportation appointments, clearing finance, and all related installation clearing activities.

#### **9-4 Back Dating Orders:**

Back dating the report date on PCS orders for wounded or ill Soldiers admitted to major medical facilities is not authorized. The practice of back dating report dates on orders has resulted in unnecessary stress and financial hardship to Soldiers and Family members. PCS and TCS orders may only be corrected by amendments, revocations or rescissions. Commanders have the authority to rescind only the unexecuted portion of an order, if the order has not been executed in its entirety by an amendment, revocation or rescission as prescribed by AR 600-8-105, paragraph 2-21d. Commanders are reminded that it is their responsibility to ensure full compliance with established procedures.

### **10. PATIENT MOVEMENT FROM OUTSIDE CONTINENTAL UNITED STATES (OCONUS) AND RECEPTION OF WARRIORS IN TRANSITION ON CONTINENT UNITED STATES (CONUS) MILITARY TREATMENT FACILITIES (MTFS):**

a. The US Transportation Command (TRANSCOM) Regulating and Command & Control Evacuation System (TRAC2ES) is the official automated information system to medically regulate and track patients requiring patient movement through the US military

patient evacuation system. The Joint Patient tracking Application (JPTA) in conjunction with TRAC2ES provide “total’ In-Transit Visibility (ITV) of patients from Levels II through V. Originating MTFs will enter all patient movements in TRAC2ES, thereby generating a patient Movement Request (PMR), in coordination with the appropriate Patient Movement Requirements Center (PMRC). This action will ensure positive control and accountability of Soldiers moving to medical care.

b. The factors used to determine a patient’s final destination MTF will include the capability and capacity to support the clinical needs of the patient and location preference of the patient and/or his next-of-kin (NOK). Medical capability and capacity will be the primary factors to determine the final destination of the patient. The patient may only select locations where she or he has existing personal support structures (e.g. unit of assignment, home of record, Families etc.).

c. Regular Army (Component 1) patients will be regulated to the MTF with the appropriate capability and capacity closest to the Soldier’s unit of assignment. Soldiers requiring inpatient care greater than 30 days will be regulated to a medically appropriate facility closest to their home or other location with a Family support structure.

d. The attending physician at the originating MTF will discuss possible destination MTFs with the Soldier and consider his/her preference when selecting a final destination.

e. Sending/receiving MTF and Warrior Transition Unit (WTU) Responsibilities:

(1) LRMC and other OCONUS MTFs will ensure that the CONUS MTF destination, preferred by the patient, is documented in JPTA and TRAC2ES. This does not apply to MTFs located in the AOR.

(2) All CONUS MTFs will monitor TRAC2ES daily for incoming patients.

(3) The sending MTF will ensure an adequate supply of medications and supplies are provided for patients while in transit.

(4) The sending MTF will ensure a copy of the patient's medical records is transmitted to the receiving MTF at time of the patient's departure or a copy is transported with the patient.

(5) The sending MTF and WTU will ensure patient's unit point of contact information (name, phone number, and email address) is entered into the JPTA patient information screen prior to patient departure.

(6) The sending MTF, prior to patient departure, will contact the receiving MTF to coordinate pick-up of the incoming patient and/or his/her Family when patients are evacuated by military or commercial air. Coordination will also be made with the appropriate clinical service, Rear Detachment and Forward Commanders.

(7) Landstuhl Regional Medical Center (LRMC) or the initial receiving facility outside the theater of operation will provide Soldiers with the opportunity and ability to

make contact with their unit of assignment, home station, Families or other personal support structure in order to communicate evacuation plans prior to movement to a CONUS receiving MTF. This service will be provided by the MTF at no cost to the Soldier.

(8) The sending MTF and WTU will update patient information in the JPTA to ensure patients can be tracked from point of injury to final destination. The Office of the Secretary of Defense (OSD) and AR 40-400 established a requirement to update JPTA on a daily basis and when a patient's status changes (e.g., change of ward, transition from inpatient to outpatient and vice versa, etc.).

(9) MTFs will establish local policies for reception and integration of patients evacuated by commercial or military air to their facility. Rapid development and implementation of a MTF Reception plan will facilitate medical treatment and management of our returning Wounded Warriors and close a potential gap in the Patient Movement system. The MTF is responsible for developing the policy; however, communication between the MTF, WTU, Rear Detachments and local supporting agencies is the key to successful reception, integration, and healing.

(10) The sending MTF will notify the appropriate clinical services, WTU, and MTF PAD to coordinate patient and Family arrival.

(11) All Soldiers will be attached to the WTU within 24 hours of arrival. Soldiers regulated to non-Army MTFs will be attached to the WTU at the closest army medical center.

(12) The MTF PAD will coordinate with the WTU for attachment or assignment orders when patients are evacuated by Military or Commercial air.

(13) The MTF will initiate a clinical evaluation on Soldiers arrival. The MTF will assign a case manager by name for each patient when notified of pending arrival.

(14) The WTU for outpatients and/or MTF PAD for inpatients will notify Commanders (Forward and Rear), installation casualty office, and other agencies as appropriate, within 24 hours of the patient's arrival for Soldiers originating from a Theater of Operations.

(15) The WTU will ensure appropriate lodging is ready and waiting for the arriving patient and their Families. This may often require external coordination with local rear detachments, garrison, and MWR activities.

(16) The WTU will ensure a military representative is present at the airport to meet and transport patients to their lodging. The WTU will establish a plan to notify Commanders (Forward and Rear), the Families, installation casualty office, and other agencies as appropriate when the Soldier's arrival or departure date/time changes.

(17) The WTU will coordinate with the installation human resource center and the Soldier's C2 element regarding the attachment or assignment of the inbound patient, if required.

## **11. COMMANDER NOTIFICATION OF ARRIVAL AND DEPARTURE OF MEDICALLY EVACUATED WARRIORS**

a. Army medical treatment facilities (MTF) must notify deployed Commanders of Warriors arrival to and departure from CONUS based military hospitals within 24 hours.

b. It is imperative that the army provide Commanders confirmation of a Warriors location in CONUS. This is commensurate with the sacrifices they provide to the nation, their commands, and their Families.

c. Current patient automated tracking applications (e.g., joint patient tracking application) must be maintained in accordance with published policies. Place POC details into the appropriate fields in the JPTA patient information module for inbound Warriors. MTF's will send a confirmation message to forward/rear detachments notifying them of their Warrior's location within 24 hours of arrival to and departure from CONUS based MTF's. This new requirement applies to Warriors arriving and departing by air evacuation or commercial means.

d. Arrival and departure notification to deployed and rear detachment Commanders is not required beyond the initial receiving facility in CONUS and the Soldier's assignment to the Warrior Transition Unit.

e. Regional Medical Commanders will forward the MTF and regional roll-up notification report to the office of the surgeon general website at: [otsg.patienttracking@amedd.army.mil](mailto:otsg.patienttracking@amedd.army.mil) NLT noon (eastern standard time) every Friday.

## **12. WARRIORS IN TRANSITION FAMILY ESCORT:**

Members and non-medical caregivers have proven to play a very important part in the healing of our Warriors in Transition. MEDCOM Warrior Transition Units (WTU) have the primary responsibility for Warrior in Transition Family member and non-medical caregiver escort duty. On occasions when it is not possible for MEDCOM to provide escorts, coordination with Senior Mission Commander for assistance is directed. (The Senior Mission Commander is the Installation Command who rates the Garrison Commander.) Escorts are responsible for introducing Warrior in Transition Family members or non-medical caregivers to their Soldier's nurse case manager, and sign the Family into guest quarters.

## **13. NON MEDICAL ATTENDANT AND DD FORM 93**

a. On occasion, a Soldier's medical condition will prevent them from communicating to medical authorities their preferences for non-medical attendant and the geographic location to receive medical care. Soldiers may nominate a non-medical attendant and identify their preferred geographic location for medical treatment in box 13 (continuation/remarks) of the DD form 93, Record of Emergency Data.

b. When the need arises for non-medical care and assistance during a Soldier's treatment at a medical treatment facility, medical authorities will authorize a non-medical attendant to assist the Soldier. Medical authorities consult with a patient to determine the non-medical attendant assigned. Additionally, medical authorities consider patient requests when determining the medical treatment facility where care will be provided and attempt to provide care as close to the attendant's residence as the medical situation permits.

c. The non-medical attendant information and geographic location for medical treatment information recorded in box 13 of the DD Form 93, consists of the following:

(1) Non-medical attendant: name, relationship address, and phone number of the person the Soldier nominates to be their non-medical attendant.

(2) Geographic location: city and state where the Soldier prefers to receive medical care.

d. During SRP, Soldiers should be counseled to first consider nominating Family members who are most likely to take a personal interest in ensuring that they receive quality care and assistance. Additionally, the Soldier will be advised that while every effort will be made to honor his/her request, there is no assurance of the following:

(1). The person nominated will be the non-medical attendant. There are many factors that might preclude their nominee from performing this service such as the person nominated may not be capable of providing the proper level of care or may not be available when needed.

(2) Medical care will be provided at the geographic location desired. Medical authorities will determine the medical treatment facility where the best possible medical care will be provided based upon, the medical treatment plan, the availability of medical care within that geographic area and the location of the non-medical attendant's residence.

e. Medical authorities are not restricted to providing patient care in military medical treatment facilities.

#### **14. LINE OF DUTY DETERMINATIONS**

## **14-1. General**

a. Line of duty determinations are essential for protecting the interest of both the individual concerned and the U.S. Government where service is interrupted by injury, disease, or death. Soldiers who are on active duty (AD) for a period of more than 30 days will not lose their entitlement to medical and dental care, even if the injury or disease is found to have been incurred not in LD and/or because of the Soldier's intentional misconduct or willful negligence, Section 1074, Title 10, United States Code ( [10 USC 1074](#) ). A person who becomes a casualty because of his or her intentional misconduct or willful negligence can never be said to be injured, diseased, or deceased in LD. Such a person stands to lose substantial benefits as a consequence of his or her actions; therefore, it is critical that the decision to categorize injury, disease, or death as not in LD only be made after following the deliberate, ordered procedures described in this regulation. For further guidance refer to AR 600-8-4, Line Of Duty Investigations.

## **14-2. Reasons for conducting line of duty investigations**

The following are reasons for conducting LD investigations:

a. Extension of enlistment. An enlisted Soldier who is unable to perform duties for more than one day because of his or her intemperate use of drugs or alcohol or because of disease or injury resulting from the Soldier's misconduct is liable after returning to duty to serve for a period that, when added to the period that he or she served before the absence from duty, amounts to the term for which he or she was enlisted or inducted ( [10 USC 972](#) ).

b. Longevity and retirement multiplier. Eligibility for increases in pay because of longevity and the amount of retirement pay to which a Soldier may be entitled depends on the Soldier's cumulative years of creditable service. An enlisted Soldier who is unable to perform duties for more than one day because of his or her intemperate use of drugs or alcohol or because of disease or injury resulting from misconduct is not entitled to include such periods in computing creditable service in accordance with the Department of Defense Financial Management Regulation (DODFMR).

c. Forfeiture of pay. Any Soldier on AD who is absent from regular duties for a continuous period of more than one day because of disease that is directly caused by and immediately following his or her intemperate use of drugs or alcohol is not entitled to pay for the period of that absence. Pay is not forfeited for absence from duty caused by injuries. Pay is not forfeited for disease not directly caused by and immediately following the intemperate use of drugs and alcohol.

d. Disability retirement and severance pay. For Soldiers who sustain permanent disabilities while on AD to be eligible to receive certain retirement and severance pay benefits, they must meet requirements of the applicable statutes. One of these requirements is that the disability must not have resulted from the Soldier's



"intentional misconduct or willful neglect" and must not have been "incurred during a period of unauthorized absence" ( [10 USC 1201](#) , [1203](#) , [1204](#) , [1206](#) , and [1207](#) ). Physical Evaluation Board determinations are made independently and are not controlled by LD determinations. However, entitlement to disability compensation may depend on those facts that have been officially recorded and are on file within the Department of the Army (DA). This includes reports and investigations submitted in accordance with this regulation.

e. Benefits administered by the Department of Veterans Affairs (DVA). In determining whether a veteran or his or her survivors or Family members are eligible for certain benefits, the DVA makes its own determinations with respect to LD. These determinations rest upon the evidence available. Usually this consists of those facts that have been officially recorded and are on file within DA, including reports and LD investigations submitted in accordance with the provisions of this regulation. Statutes governing these benefits generally require that disabling injury or death be service connected, which means that the disability was incurred or aggravated in LD ( [38 USC 101](#) ). The statutory criteria for making such determinations are in [38 USC 105](#) .

### **14-3. Informal LD investigations**

Documentation for an informal LD investigation typically consists of [DA Form 2173](#) completed by the MTF and the unit Commander and approved by the appointing authority, State AG, or higher authority. The final determination of an informal LD investigation can result in a determination of "in LD" only, except as provided in [paragraph 4-10](#) . (See Chap 3, [sect I](#) , for a detailed discussion of the informal LD investigation.)

### **14-4. Formal LD investigations**

A formal LD investigation is a detailed investigation that normally begins with DA Form 2173 completed by the MTF and annotated by the unit Commander as requiring a formal LD investigation. The appointing authority, on receipt of the DA Form 2173, appoints an investigating officer who completes [DD Form 261](#) and appends appropriate statements and other documentation to support the determination, which is submitted to the GCMCA for approval. (See Chap 3, [sect II](#) , for a detailed treatment of the formal LD investigation.)

### **14-5. Line of Duty Investigations (LODI) for Soldiers referred to the Physical Disability Evaluation System. (PDES)**

Conditions that require a formal LODI are outlined in AR 600-8-4, paragraph 2-3

a. When a formal LODI is not required and all the following conditions are met, the Soldier is presumed to be in the line of duty (LOD).

(1)The injury, illness, or disease occurred or was aggravated while the Soldier was ordered to active duty for more than 30 days.

(2)There is no indication of abuse of alcohol or drugs.

(3)There is no indication of intentional misconduct or willful negligence.

(4)There is no indication the Soldier was AWOL at the time of the injury, illness, or disease.

(5)The Soldiers injury, illness, or disease is documented in his or her medical records by a physician at the time of referral in the PDES.

b. Based on the criteria listed above, the majority of cases referred into the PDES do not require an LODI. Therefore, MTF's should not hold up the processing of Medical Evaluations Boards (MEB) pending and LODI unless there is clear evidence to support the need for and approved LOD to accompany the MEB.

## **15. HOUSING PRIORITIZATION FOR WARRIORS IN TRANSITION:**

Our Army intends to provide housing to WT Soldiers that is commensurate with their service and specialized needs. This includes co-locating non-medical attendants and accessibility requirements. Per Joint Federal Travel Regulation paragraph U7961-A, an attendant is a parent, guardian, or another adult (over 21 years old) member of the patient's Family. Authorization for a non-medical attendant is at the discretion of the WT's attending physician.

The following is a list of options to meet the housing needs of our single WT Soldiers.

- 1- Single WT Soldiers without non-medical caregivers/attendants will be housed in MEDCOM facilities or in existing available Unaccompanied Personnel Housing (WT FCG 72112 designated facilities) provided it meets their accessibility requirements. Installations could also use Army lodging or contract with local hotels.
- 2- Single WT Soldiers with non-medical attendants:
  - a. For single WT Soldiers on temporary duty (TDY) status, the WT should be lodged in Army lodging or contracted hotels. Non-medical attendants are provided compensation for their lodging, meals and incidental expenses through a daily per diem.
  - b. For single WT Soldiers located at their permanent duty stations (PDS), garrisons may use the authority in AR 210-50 to temporarily divert non-privatized AFH to WT FCG 72112 for WT w/non-medical attendants. Requests will be forwarded thru IMCOM to ACSIM for approval.
  - c. Additionally, garrisons should utilize contracted hotels and government leased housing in the immediate area to provide lodging for WT Soldiers and their non-medical attendants. The Garrison Commander may issue an exception to policy and provide a Certificate of Non-availability, authorizing the WT Soldiers Basic Allowance for

Housing (BAH) at the without dependant rate, and ensure their housing staffs fully assist the WT Soldiers and attendee in locating and renting adequate, safe apartments that meet accessibility requirements.

- d. The least desired option is to place WT Soldiers into privatized (RCI) Family housing. Military Families will continue to have priority for RCI housing and no Family will be displaced by a WT Soldier.
- e. In cases where the non-medical attendants chooses to live in government provided quarters with their WT, their daily lodging per diem will be zero.
- f. Commanders must council the WT Soldiers that the attendant's per diem stops when they no longer require the extra care.

## **16. LEAVE AND SPECIAL LEAVE ACCRUAL (SLA).**

### **16-1 Special Leave Accrual:**

Refer to Annex D for Pay and Benefits chart. WTU Commanders must establish an annual unit leave and management program and internal controls to account for all leave requests. WTs that accumulate more than 60 leave days after 30 September will lose leave days in excess of 60 days, unless SLA is approved. For example: A WT has 65 accrued leave days on 30 September. In order for the WT not to lose the five accrued leave days, the WT would have to take the entire five days NLT 30 September. If not, the WT will lose 5 days beginning 1 October, the start of the new fiscal year, unless the WT receives an approved SLA. AR 600-8-10 and the Personnel Policy Guidance (PPG) contain provisions on leave and SLA.

### **16-2 Annual Leave:**

All Soldiers are reminded and encouraged to take leave during the period of Active Duty, to include medical hold periods of active duty while processing through the Warrior Transition Unit (WTU) and the Physical Disability System provided that such leave does not conflict with completion of medical processing or the medical evaluation board as prescribed by AR 635-40, paragraph E-4a. Leave must be coordinated with the Chain of Command and MTF / Physical Evaluation Board Liaison Officer (PEBLO).

### **16-3 Transition Leave:**

Warriors in Transition are authorized transition leave (formerly called terminal leave) after completing medical processing or the PDES process and prior to discharge, REFRAD, separation or retirement.

## **17. ARMY PDES AND CRITERIA FOR PROCESSING SOLDIERS WHO ARE BEING TRANSFERRED TO A WTU**

### **17-1. Referral into the PDES:**

a. A Soldier is referred into the PDES system when they no longer meet Medical Retention Standards IAW AR 40-501, Chapter 3, as evidenced in a medical evaluation board; receive a permanent medical profile, P3 or P4, and are referred by an MOS/Medical Retention Board; are command-referred for a fitness for duty medical examination; or referred by the Commander, HRC.

### **17-2. WTU PDES Process and Referral Procedures:**

a. Commanders will reassign Soldiers to WTU Headquarters Company that have a designated UIC for accountability. This allows a consolidated effort for processing Soldiers through the Medical Evaluations process when they are believed to be unable to perform their duties, in compliance with the MOS requirements.

b. The procedures will include a letter of request from the Commander for the Soldier's reassignment to the WTU. This letter will offer justification for reassignment and will detail the source of the Soldier's profile injury and provide information on what rehabilitative measures have been taken.

c. MEB Document Checklist, which confirms all unit level personnel and administrative requirements are completed before the reassignment is transacted. Commanders must also attach a Commander's Certification that verifies the Soldier is cleared of any UCMJ actions, legal actions, investigations, or property/hand receipt issues and has cleared the unit. Transferable flags will move with the Soldier to the WTU with coordination with the gaining Commander. See annex E for Commander's Checklist for referral to MEB/PEB and Annex F for Commander's Personnel Certificate for PEB Cases.

d. There is no requirement for Regular Army representation on the PEB a request for female, minority, or enlisted representation will be accommodated IAW AR 635-40, para 4-17.

### **17-3. Miscellaneous USAPDA issues:**

a. Grade determination. IAW AR 15-80, a Soldier pending disability separation or retirement who is serving at a rank lower than that previously held due to disciplinary reduction must receive a grade determination from the Grade Determination Review Board (GDRB) before their separation or retirement date. USAPDA forwards the case to the GDRB. The exception to a required grade determination is reduction that occurs between completion of disability evaluation and a Soldier's separation/retirement date.

b. Pending promotion. IAW AR 600-8-19, para 1-20, enlisted Soldiers remain in a promotable status during physical disability evaluation. If on a promotion list

or otherwise pending promotion, the Soldier will be promoted on their promotion eligibility date or effective their last day of active duty, which ever is earlier.

c. PCS home. IAW AR 600-8-10, para 4-15 and AR 635-40, appendix E, para e-5, AC Soldiers assigned to a WTU may PCS home awaiting orders subsequent to their concurrence with an informal PEB finding of unfit.

#### **17-4 Procedures for Warriors in Transition found unfit by the Physical Evaluation Board.**

When a Soldier is found unfit by the Physical Evaluation Board and all reviews and appeals required by AR 635-40 have been completed, the U.S. Army Physical Disability Agency (USAPDA) and the U.S. Army Human Resources Command (AHRC) will transmit via TRANSPOC-III or via message to those installations without TRANSPOC, the required data to complete the orders process. Once received, the installations transition center or other Personnel Support Facility will publish the discharge, REFRAD or retirement order in a timely manner. The USAPDA will assign a not later than separation date that will not exceed 90 days after the completion of processing final determination by USAPDA. The installation Commander, through the transition center, will establish a separation date within the 90 day window. The not to exceed 90 day window allows installations flexibility to assign a separation date within the 90 day window based on individual Soldier circumstances but should not be construed as an opportunity to delay departure of Soldiers from Active Duty. However, in circumstances where a Soldier has accrued leave in excess of 90 days, the first colonel in the chain of command has the authority to authorize more than the 90 days as appropriate. Generally, the separation date should factor in the number of days required to clear the command, authorize permissive TDY (PTDY) to (eligible AC Soldiers) and use of accrued leave (Transition Leave).

### **18. UNIFORMS**

#### **18-1. Shoulder Sleeve Insignia and Headgear**

Soldiers assigned to a WTU will continue to wear their organizational headgear and shoulder sleeve insignia (SSI) authorized from their last unit of assignment. Cadre will wear the MEDCOM SSI and the black beret

#### **18-2. Gratuitous Clothing Issue for OIF/OEF hospitalized Soldiers**

Enlisted Soldiers and Officers that are evacuated from the OIF/OEF Theater of operations to a medical treatment facility due to injuries or illness are authorized to receive a gratuitous issue of uniform items. This gratuitous issue is to be sufficient enough to meet the Soldiers needs when their personal clothing does not accompany them. See Department of the Army G-4 Message DTG 092357ZDEC03 and update DTG 071753Z May 07 for further information.

## **19. PERSONNEL FUNCTIONS**

### **19-1. Awards and Decorations**

Processing Awards and Decorations for the Warrior Transition Units. The Army awards program is based on the Commander on the ground as the steward to ensure proper recognition of Soldiers. Awards and decorations are very important to Soldiers. To the trained eye, they tell the story of the Soldier's career. They show where the Soldier was and what the Soldier has accomplished. Army decorations are more than just metal and fabric; more than the colors and heraldic symbols. They are worn with pride for a job well done...no matter what the job.

#### **1. References:**

- a. AR 600-8-22, Military Awards, dated 11 December 2006
- b. Section 1130, Title 10, United States Code, Consideration of proposals for decorations not previously submitted in timely fashion: procedures for review

#### **2. Processing of Military Decorations:**

a. The military awards program allows any Soldier to recommend another Soldier for an award; relying on those with first-hand knowledge of an act, achievement, or service believed to warrant a decoration. The recommendation is routed through the Soldier's chain of command to the final awards authority. Commanders at every level review and recommend approval, disapproval, upgrade, or downgrade based on their judgment, knowledge, and the criteria established for the award. If the final awards authority believes an action warrants an award higher than his or her approval authority, he or she may forward the recommendation to the next higher headquarters for consideration.

b. An award recommendation for a Soldier who is medically evacuated out of the combat theater, and whose unit is still forward deployed, must be processed by the Soldier's unit of assignment.

c. In those cases when an award was not completed prior to the re-deployment of a unit, the recommendation must be forwarded through the Soldier's peacetime chain of command to the U.S. Army Human Resources Command, ATTN: AHRC-PDO-PA, 200 Stovall St, Alexandria, VA 22332, for appropriate action. An award recommendation submitted beyond the prescribed time limitation must be submitted in accordance with reference 1a (above).

### 3. Reconsideration:

a. Department of Defense and Department of the Army policy allows for the reconsideration of disapproved or downgraded recommendations. A request for reconsideration must be placed in official channels within 1 year from the date of the awarding authority's decision. A one time reconsideration by the award authority shall be conclusive. However, in accordance with Title 10, United States Code, Section 1130, a Member of Congress can request a review of a proposal for the award or presentation of a decoration (or the upgrading of a decoration) that is not authorized to be presented or awarded due to imitations established by law or policy for timely submission of a recommendation.

b. Requests for reconsideration, may only be submitted if new, substantive and material information is furnished. The reconsideration request must be forwarded through the same official channels as the original recommendation. The additional justification for reconsideration must be in letter format, not to exceed two single-spaced typewritten pages. A copy of the original recommendation, with all supporting documents, and the citation must be attached.

4. The Purple Heart (PH). Since the beginning of the Global War on Terrorism, the Secretary of the Army authorized certain Commanders to delegate PH approval authority: Division Commanders and above in the combat theater and hospital Commanders (not field hospital Commanders) receiving casualties.

a. Currently, the hospital Commanders have PH approval authority are: Commander, Landstuhl Regional Medical Center (Landstuhl, Germany); Commander, Tripler Army Medical Center (Honolulu, Hawaii); Commander, Walter Reed Army Medical Center (Washington, D.C.); Commander, Brooke Army Medical Center (Fort Sam Houston, Texas); Commander, Dwight D. Eisenhower Army Medical Center (Fort Gordon, Georgia); and Commander, Madigan Army Medical Center (Fort Lewis, Washington).

b. A PH request for a Soldier that is medically evacuated out of the combat theater to a military hospital, should be processed by the hospital as an exception (only) to theater processing, not the rule.

c. A PH request for a Soldier that is wounded, but not medically evacuated out of the combat theater, should be processed by the Soldier's unit in theater.

d. A PH request for a Soldier that is medically evacuated out of the combat theater and returned to duty at an installation for outpatient treatment at an RMC, should be processed by the Soldier's unit.

5. RMCs will coordinate with theater HR staff (MNFI/MNCI) of deployed units for combat badge approvals, as required for RMC presentations of Wounded Warriors assigned or attached to medical hold or medical hold-over companies. RMCs will coordinate with Soldier's redeployed units for combat badge approvals, as required for

RMC presentations of Wounded Warriors assigned or attached to medical hold or medical hold-over companies.

## **19-2. Promotion**

Soldiers remain otherwise fully eligible for promotion while assigned to Warrior Transition Units. Refer to AR 600-8-19 and the Army's Personnel Policy Guidance (PPG) <http://www.armyg1/militarypersonnel/ppg.asp> for all related promotion policies.

## **19-3. Extension and Reenlistment**

a. Extensions – Soldiers assigned to the U.S. Army Warrior Transition Units are authorized to extend for a minimum period of 12 months (unless the Soldier elects less time) and not to exceed 23 months.

(1) Requests for reenlistment and extension will be sent directly to Command Career Counselor, MEDCOM via phone DSN: 471-6738 or COM: (210) 221-6738, Fax DSN 471-7130 for processing. The MEDCOM retention team will provide guidance on how to process retention actions.

(2) Upon receipt of the approved DA Form 3340-R and verification of eligibility, the servicing Career Counselor will obtain an extension control number (ECN), via the RETAIN system. The ECN will be entered on the Soldier's DA Form 1695. Career Counselors will utilize extension reason code "T", Convenience of the Government to execute these extensions.

b. Reenlistment – Soldiers must meet the medical retention standards of AR 40-501, Chapter 3, or have been found physically qualified to perform in his or her PMOS per AR 635-40. However, the following exceptions apply:

(1) Soldiers approved for continuation on active duty (COAD) by the physical disability evaluation system (PDES) may reenlist or extend to achieve 20 years of active service. However, if the disability for which the Soldier was continued deteriorates to the degree to make further service questionable, or if the Soldier is diagnosed with new conditions, which fall below the medical retention standards of AR 40-501, Chapter 3, the Soldier may be denied reenlistment. If reenlistment is denied the Soldier must be referred to the PDES.

(2) Soldiers who are qualified for retention by a Physical Evaluation Board will not be denied reenlistment under this provision. Soldiers pending MMRB action per AR 600-60 will not be reenlisted until the MMRB action has been finalized; however, they may be extended for the time necessary to complete the MMRB action.



#### **19-4. Pregnancy**

Following counseling by the unit Commander on her options, entitlements, and responsibilities, a Soldier may request voluntary separation on the grounds of pregnancy. Policies and procedures are in Chapter 8, AR 635-200 (Active Duty Enlisted Administrative Separations).

#### **19-5. Evaluations (NCOER/OER)**

Guidance forth coming.

### **20. COMMUNITY BASED HEALTH CARE ORGANIZATION (CBHCO)**

Eligibility to be determined at a later date.

### **21. TRANSITION SERVICES**

#### **21-1 Army Career and Alumni Program (ACAP):**

a. Soldiers are required to start their ACAP processing upon the initiation of medical board proceedings. As a minimum, Soldiers must receive the mandatory pre-separation counseling prior to departure from their assigned installation. The counseling must be recorded on a DD Form 2648 for AC Soldiers. Soldiers are also encouraged to participate in a Transition Assistance Program (TAP) Employment Workshop, a Veteran Administration (VA) benefits briefing and a disabled TAP briefing. Soldier and their Family members are eligible to continue ACAP services for up to 180 days after release from Active Duty. For the location of the nearest ACAP center, log on to the ACAP website at <http://www.acap.army.mil>.

b. Soldiers are referred to ACAP within 30 days of assignment to WTU as appropriate. Soldiers receive ACAP pre-separation counseling and completed DD Form 2648-1 Pre-Separation Counseling Checklist NLT 90 days prior to REFRAD.

#### **21-2. My Medical Evaluation Board (My MEB)**

a. The My MEB application is designed to show Soldiers in the MEB process information on their progress through the evaluation board. Only Soldiers in the MEB process can see the information. If you are in the MEB process and do not see your information contact your PEBLO.

b. My MEB is updated every 24 hours. After initial entrance into the MEB process data will be available within 48 hours.

c. In order to access the My MEB page log into AKO at <https://www.us.army.mil> click on the Self Service link and then the My Medical link.

### **21-3 Transition Services for Soldiers Assigned to Warrior Transition Units and Adjustment of VA Benefits Briefing Delivery**

a. AC/RC Soldiers being processed for a medical evaluation board (MEB) must complete the mandatory pre-separation counseling and provide a copy of the completed DD Form 2648 (AC Soldiers) or DD Form 2648-1 (RC Soldiers) to the physical evaluation board liaison officer (PEBLO) at the initiation of the MEB. Installation army career and alumni program (ACAP) office is the designated agency to provide pre-separation counseling to the Soldier. For those installations that do not have an ACAP presence and conduct their own transition program, the garrison Commander should appoint a POC to ensure that the required pre-separation counseling is available and has been provided to the Soldier. Garrison Commanders are responsible for ensuring that mandatory briefings are provided to Soldiers not physically capable of receiving services at the ACAP center or other service provider location and for ensuring that transition and employment assistance beyond the mandatory briefing are provided on an outreach basis.

b. AC/RC Soldiers (excluding cadre) being assigned/attached to Warrior Transition Units (WTU) must attend a VA benefits briefing during their in-processing. Coordination with installation the ACAP office is directed to ensure that these Soldiers are scheduled for the next available 4 hour VA benefits briefing.

After in-processing these Soldiers are also required to register for ACAP services, receive the mandatory pre-separation counseling, attend a 2.5 day TAP employment workshop and participate in a 2 hour TAP disability briefing. Additional ACAP services are available based upon the needs and desires of the individual. Soldiers should be given maximum time to complete all of their requested ACAP services. Transition POC's at installations without an ACAP are required to coordinate the delivery of these services by their local transition program. Soldiers must be provided documentation showing their attendance at the workshop and briefing for inclusion in their MEB packet. Soldiers assigned to the WTU who may be medically retired will also be required to attend a mandatory pre-retirement briefing hosted by the installation retirement services office (RSO).

c. VA benefits briefings are currently provided at most CONUS and OCONUS installations by qualified VA counselors. There is a high demand for these valuable briefings by separating/retiring Soldiers. At many installations there are several agencies (ACAP, RSO, Transition Center (TC), and others) that schedule VA benefits briefings at their location. This results in duplication of the counselors' efforts and has Soldiers attending the same briefing more than once. To reduce the briefing requirements for the VA and avoid repetitive services for Soldiers, one agency will be designated to coordinate all VA benefits briefings. At those installations with an ACAP office, ACAP will be responsible for scheduling and hosting the VA benefits briefings. The frequency and location of the briefings is to be determined in coordination with the installation RSO and TC. Installations without ACAP are encouraged to consolidate their VA benefits briefing schedules. All separating and retiring Soldiers are to be given every opportunity to attend the 4 hour VA benefits briefing.

## **22. PAY AND ENTITLEMENTS**

See annex's for further information.

Annex B: Entitlements For Service Members Injured in Combat Zones

Annex C: Invitational Travel Authorizations in support of Wounded Soldiers

Annex D: Pay and Entitlements Chart

## **22-1. Timely Processing of Pay Documents for Soldiers within the WTU.**

a. Responsibilities. The Army must ensure accurate and timely delivery of Soldiers' military and travel pays, and travel pay to Family members and care givers under invitational travel/non medical attendant orders. The timely delivery of pay is a partnership between the responsible pay authorities (i.e. housing office, MTF/WTU/Unit Commander, HRC, IMCOM, and MEDCOM) and the responsible finance office (Army finance unit, Defense Finance and Accounting Service military pay office, United States Property and Fiscal Office, and United States Army Pay Centers).

b. Standard. It is imperative that each participant in the chain of command understand the regulatory and policy standards that govern their contribution to pay timeliness and accuracy, and employ proper performance standards and corresponding metrics to ensure compliance. Where regulatory and policy guidance do not otherwise exist, this message establishes the following standard for support: all authorizing documents for military and travel pay and allowances (i.e. orders, personnel actions) must be delivered to the servicing finance office no later than 10 calendar days prior to the effective date of the pay affecting action. Army commands, Army service component commands, and direct reporting units must ensure their subordinate activities properly address pay timeliness and accuracy. All leadership levels must establish appropriate metrics to manage this critical standard of support to our Soldiers and their Families.

## **22-2. Counseling Soldiers, Family Members or Soldiers Representative:**

To ensure Soldiers receive appropriate pay and entitlements during assignment/attachment to a MTF, it is the responsibility of the MTF to ensure that the Soldier or the Soldier's representative is properly counseled and advised regarding pay and financial obligations that may occur, to include the suspension of debts.

## **22-3. DEERS Update:**

Soldiers entering into the WTU are reminded to update any changes in their Family record and address in the Defense Enrollment Eligibility Reporting System (DEERS). Failure to keep this information current may result in future denial of health care benefits and entitlements such as office visits, specialty care, and pharmacy services including medication refills as well as denial of pending claims.

## **22-4. Rental Cars:**

Soldiers within the WTU may be authorized a rental car during their transition period within the WTU. AC Soldiers can only be authorized a rental car prior to being PCS'd to the MTF while they are still in a TDY status. Once an AC Soldier is PCS'd to the MTF, they are authorized to bring their privately owned vehicle (POV) to the MTF and the MTF is their new PDS. There is no authority to allow a rental car at a Soldier's PDS. Approval authority for a rental car is the first colonel Commander in the MTF/WTU chain of command. Prior to authorizing a rental car, Commanders must ensure the attending physician has appropriately documented the Soldier's medical records to permit the Soldier to drive. To pay for rental cars, MTF/WTU Commanders

will account for this expenditure as a cost associated with the Global War on Terror and issue Soldiers DD Form 1610 orders to reflect the rental car authorization to substantiate reimbursement. Rental cars will only be authorized for up to a maximum of 30 day increments.

## **22-5. Local Travel Reimbursement:**

WTU Soldiers may be authorized reimbursement for local travel to alternate duty locations to attend medical appointments.

(1) AC Soldiers. In accordance with (IAW) JFTR, paragraphs U3505 and U3510 reimbursement for mileage for travel to an alternate duty location (TDY or PCS duty location) may be authorized to attend medical appointments. Approval authority for mileage reimbursement is the first colonel Commander in the MTF/WTU chain of command.

(2) AC Soldiers who are still in TDY status. To pay for this mileage reimbursement, MTF/WTU Commanders will account for this expenditure as a cost associated with the Global War on Terror. MTF/WTU Commanders will issue Soldiers DD Form 1610 to substantiate this reimbursement.

(3) AC Soldiers who have been PCS'd to the MTF. To pay for this mileage reimbursement, MTF/WTU Commanders will account for this expenditure as a cost associated with the Global War on Terror. MTF/WTU Commanders will issue Soldiers DD Form 1610 to substantiate this reimbursement.

## **22-6. Disability Severance Pay and Tax Refunds.**

The key to WTs fully understanding the provisions on disability severance pay and its tax implications reside with early and proper counseling before and during a Soldier's Physical Evaluation Board (PEB). The Physical Evaluation Board Liaison Officer and the Transition Center, assisted by the local servicing finance office, should counsel the WT on the provisions stated in this section. A copy of the Military Pay Message at Annex I should be placed in the WT's disability packet. In addition, the WTs should be informed that there is no limitation on the refunding of the taxes, other than the end of calendar year DFAS rule and the I.R.S. imposed limit on 7 years for correction of a tax return. In general, the following process occurs:

a. When a WT is injured or has an illness that precludes him or her from remaining in the Army, the WT goes through an Army Physical Evaluation Board (PEB) review process. The PEB reviews the WT's current status, as well as what caused the injury or illness. The PEB determines what, if any, military disability rating the Army will award the WT based on the individual circumstances of the case. The PEB will also determine if the illness or injury was combat related in accordance with 26 USC 104.

b. Once the PEB makes a determination, the WT's separation order published by the Transition Center will include a statement as to whether or not the illness or injury was combat-related. The statement will be followed by the word "YES" if the Board determined it was or the word "NO" if they decided it was not combat related.

c. When a member separates with an entitlement to disability severance pay, the local finance office should determine during the WT's final out-processing review if the entitlement should or should not be taxed based on the determination of the PEB, as stated in the member's separation order.

d. There are limitations to the current military pay system. When the entitlement is coded in the pay system, the entitlement will be taxed. Since combat-related disability severance pay entitlement should not be taxed, the local finance office must immediately coordinate with the DFAS-Indianapolis (DFAS-IN) to have the taxes refunded to the WT. The WT should not have to be required to request the refund after the fact, if it is known during separation out-processing conducted by the local servicing finance office that, in fact, the WT's disability severance pay entitlement should not be taxed.

e. In the event that the Army's determination has not been made as to whether or not the illness or injury is combat related, or the decision made by the PEB is that it was not combat related, no tax refund is due the WT at the time of separation. However, the WT should be counseled regarding the right to file a disability claim with the Department of Veteran's Affairs (DVA) after separation.

(1) Military Pay E-Message, 06-040 Annex I contains an example letter to assist the WT in obtaining a tax refund based on the VA's decision.

(2) If the member is awarded a disability rating by the VA for the same illness or injury for which disability severance pay was awarded, a refund of the taxes collected will then be due to the WT.

(3) There are two scenarios involved, and the timing of the VA disability rating award determines how the refund is obtained.

(a) Rating Received in Same Calendar Year. A retroactive refund of taxes can be made by DFAS-IN if the WT receives a disability rating from the VA for the SAME illness or injury that disability severance pay is awarded by the Army, and the VA disability rating is awarded in the same calendar year in which the WT is separated.

The example cover letter and required documentation must be filed by December 31<sup>st</sup> of the same calendar year in which the WT was separated. The VA Award Letter must be dated in the same calendar year in which the disability severance payment was issued.

DFAS cannot issue tax refunds if the request is not received by December 31<sup>st</sup> of the same calendar year in which the WT separated. DFAS can only refund current year taxes. The entire VA award packet is not required to obtain the refund. Only the page

which shows the disability rating and breaks down specifically what the rating was awarded for will be required along with the WT's separation order and the DD Form 214.

(b) Rating Received in Subsequent Year. If the WT is awarded a VA disability rating in a subsequent calendar year for the SAME illness or injury that the disability severance payment was issued for, the WT can file with the Internal Revenue Service (I.R.S.) to obtain the refund. Again, there are two methods a veteran can use to obtain the refund from the I.R.S. Which method to use will be determined by when and how the veteran files the tax return.

(1) If the veteran chooses to file the tax return before receiving the VA disability rating, then he or she files the tax return as a regular tax return. The W-2 received from the Army is correct as issued because it is passed December 31 of the year the WT separated, and without a VA rating, the disability severance payment is normal wages and should have been taxed. Therefore, there is no need for a corrected W-2. Once the veteran receives the disability rating from the VA, he or she can immediately file an amended tax return, Form 1040X, through the I.R.S. to obtain the refund. A corrected W-2 for the tax year in question will NOT be issued. The member must file the corrected tax return with the words "St. Clair vs. United States" written across the top of the form. When calculating wages to report on the amended tax return, the veteran should take the gross wages from Block 1 of the Army W-2, subtract the GROSS amount of the disability severance payment, and report the remainder as the taxable wages for the year in question on the amended tax return. The veteran should report all the taxes withheld by the Army, as shown in Block 2 of the W-2. By reducing the wages, and not the taxes, the veteran will obtain a refund of the taxes collected on the disability severance pay from the I.R.S.

(2) The other method would be based on the WT postponing the filing of the tax return until the VA disability rating is received. Under NO circumstances should a veteran fail to file the tax return by the regular April 15<sup>th</sup> filing deadline (unless an extension was requested through the I.R.S.'s normal procedures). If the VA disability rating is received before the April 15<sup>th</sup> deadline, the veteran would then file the appropriate normal tax return using the following method:

A corrected W2 for the tax year in question will NOT be issued. The member must file the corrected tax return with the words "St. Clair vs. United States" written across the top of the form. When calculating wages to report on the amended tax return, the veteran should take the gross wages from Block 1 of the Army W-2, subtract the GROSS amount of the disability severance payment, and report the remainder as the taxable wages for the year in question on the amended tax return. The veteran should report all the taxes withheld by the Army, as shown in Block 2 of the W-2. By reducing the wages, and not the taxes, the veteran will obtain a refund of the taxes collected on the disability severance pay from the I.R.S.

f. References to the above can be found at Internal Revenue Service Publication 525, Taxable and Non-taxable Income and the Department of Defense

### **22-7. Disability Severance Pay and Military Grades.**

In all cases, WT's who have questions on grades upon which disability severance pay has been made and information stated on their DD Form 214, should consult with their local servicing personnel office and VA for current guidance and advice.

#### **a. Payment of Severance Pay at Promotion List Grade.**

1. Enlisted: WT's who are on a promotion list at the time of retirement for disability will be retired for disability at the promotion list grade. The WT will be promoted to the designated grade effective the day before placement on the retired list. WT's on a promotion list at the time of separation for disability, with entitlement to disability severance pay, will be paid such compensation at the promotion list grade. The WT will be promoted to the designated grade effective the WT's separation date.

2. Officers: Officers who are receiving severance pay at promotion list grade will initially receive the severance pay at the officer's current rank. This is because the current military pay system will only pay disability severance pay based on the grade reflected in the pay system. DFAS-IN will make a manual adjustment after the fact to the WT's pay account. For DFAS to make the required adjustment, either the orders must state in the special instructions or the personnel office provide to the local finance office a statement that the officer was on a promotion list.

b. **Payment at the Highest Grade Satisfactorily Held.** The current military pay system will only pay disability severance pay based on the grade reflected in the pay system. DFAS-IN will make a manual adjustment after the fact to the WT's pay account to reflect payment at the highest grade satisfactorily held.

### **22-8. Waiving Disability Severance Pay.**

There is no provision not to pay disability severance pay to a WT once it is authorized by USAPDA. This benefit will also be reflected in the WT's separation order and DD Form 214. Also, there is no provision for the VA not to withhold the amount of disability severance pay from any VA-determined disability rating for the disabilities both the military and the DVA rated. (The Soldier will receive DVA compensation during the recoupment period for the disabilities solely rated by the DVA). Since the WT would have received military compensation for his or her years of military service, the VA must recoup the amount paid by the military before paying the veteran for the same period of service. In other words, a veteran cannot be paid twice for the same period of service.

#### **22-9. Full Payment of Severance Pay.**

There is no DFAS policy requiring the local finance office to withhold full payment of severance pay to satisfy possible out-of-service debts.

#### **22-10. Finance Separation Transactions.**

WT separating or retiring must coordinate, in advance, with the local servicing finance office for an out-processing briefing and explanation on military and travel pay, entitlements and leave. This briefing will also ensure timely adjustments are made to the WT's pay account prior to separation and prepare the account for final separation transactions.

#### **22-11. Separation/Retirement Date due to Physical Disability.**

1. Purpose: To provide policy guidance for setting the disability separation/retirement effective date in order to provide a seamless transition for Warriors in transition and to protect the Soldier from adverse financial impact during the transition process.
2. Effective immediately, every attempt should be made to separate active and reserve component Soldiers as close to the 27th of the month as possible for disability separation and retirement. This recommendation is made to minimize the financial impact to the Soldier during transition from the army to the DVA system. Recognizing that a Soldier may separate on any day of the month, it is imperative that the Soldier be counseled using the information below on the financial ramifications of separating from the army earlier than the recommended date of the 27th or on the last day of the month.
  - a. Finance notification must be made prior to the 20th of the month with the exact date of Soldier's separation or retirement date to avoid overpaying the Soldier and creating a debt that must then be repaid by the Soldier.
  - b. Separation on the last day of the month results in loss of one month of DVA compensation. For example: a Soldier is separated on July 31, 2007. Since the Soldier is a Soldier through the end of the day, service connection cannot be granted until the day after separation August 1, 2007. The effective date of compensation is the first day of the month following the date of service-connection 1 September. Since payment is in the arrears, the Soldier receives his/her first check October 1, 2007. Separation prior to the 31st would have resulted in an effective date of payment of 1 August with payment received 1 September.
3. Separation on the 27th of the month will generally be accomplished within the NLT 90-day timeframe per Alaract message 172/2007. Command discretion is authorized for exceptions to the NLT period.
4. For further information refer to Alaract 188/2007



## **23. STAFF ASSISTANCE VISITS**

a. The purpose of the Staff Assistance Visits (SAVs) is to provide MTF, WTU, SFAC and select garrison staff guidance and knowledge on the operations of a Warrior Transition Unit (WTU). The SAVs are multidisciplinary and led by designated officers. These visits will ensure that every organization understands and adheres to the standards and maximizes operational capability of the WTU.

b. Initial SAVs were conducted from July through September 2007 at select WTU locations. Follow up SAVs will be scheduled on an interim basis. These visits are 'assistive' in nature. Each SAV team includes SMEs from MEDCOM Regional Medical Commands (RMCs), DA G-1, IMCOM, FINCOM and the Department of Veterans Affairs. Each team contains Active, Reserve, and National Guard members and will have both Army level and regional representation.

c. A typical SAV will be a three-day process and will have a prepared schedule. A command in-brief and self-assessment will be conducted. The SAV team will conduct assistance and assessment which will include interviews and observations.

d. A detailed SAV checklist has been developed and will be utilized to conduct the SAV. Out briefs will be conducted on the last day of the visit and will be interaction between the SAV team members and counterpart staffs. A final document will be provided to the command during the out-brief.

## **24. ARMY MILD TRAUMATIC BRAIN INJURY (MTBI)/POST TRAUMATIC STRESS DISORDER (PTSD) AWARENESS AND RESPONSE PROGRAM**

a. On 22 June 2007, the Acting Secretary of the Army and Chief of Staff, Army approved the Army mTBI/PTSD awareness and response program and directed that it be implemented throughout the Army.

b. Key components of the Army mTBI/PTSD awareness and response program include an understanding by every Soldier and leader in the army of the causes, symptoms, and treatment available for mTBI and PTSD.

c. In order to ensure the key awareness and response by all Army components a chain teaching training program has been developed and is supported by training resources available at the army knowledge on-line website homepage (<https://www.us.army.mil>). This program provides Commanders with instructions and training material required to prepare for and conduct army mTBI/PTSD awareness and response training. Effective immediately, all army activities shall conduct this training program. See ALARACT 160/2007 for further information.

## **25. US ARMY MEDICAL COMMAND (USAMEDCOM) FY07 COMMAND TRAINING GUIDANCE**

a. RMC Commanders will ensure MTF and WTU Commanders provide each Soldier the opportunity to enroll and complete all MOS Proficiency and Sustainment Training Requirements. Commanders must ensure training is conducted and monitored as well as also look at attaching Soldiers back to units for the purpose of conducting limited duty as long as these opportunities do not interfere with the ability of providing health care throughout the medical continuum of support.

b. Continuing Education: RMCs will ensure MTF and WTU Commanders strongly encourage and provide the opportunity for all Soldiers and Warriors in Transition to enroll in Army Continuing Education programs in order to provide future opportunities within the Army or as citizens of our great Nation.

c. WTU Awards Ceremonies: RMC Commanders will ensure WTU Commanders conduct routine award ceremonies at least monthly.

d. WTU Town Hall Meetings: RMC Commanders will direct MTF and WTU Commanders participate in monthly Town Hall meetings for Warriors in Transition and their Families. The Town Hall meetings must include the Garrison Commander and essential members of the Garrison Staff.

## **26. GLOSSARY**

AC	Active Component (COMPO 1)
AD	Active Duty (means full-time duty in the active military service)
AGR	Active Guard and Reserve
AHLTA	Armed forces Health Longitudinal Technology Application
AHRC	Army Human Resource Command
ALARACT	All Army Activities
AORS	ARPERCEN Orders and Resource System
AR	Army Regulation
ARNG	Army National Guard
ARNGUS	Army National Guard of the United States
ASA (M&RA)	Assistant Secretary of the Army (Manpower and Reserve Affairs)
ADME	Active Duty Medical Extension
BAH	Basic Allowance for Housing
BAS	Basic Allowance for Subsistence
BASOPS	Base Operations
C2	Command and Control
CAR	Chief, Army Reserve
CBHCO	Community Based Health Care Operations
CIP	Combat-Related Injury Rehabilitation Pay

CNGB	Chief, National Guard Bureau
CONUS	Continental United States
COTTAD	Contingency Operations Temporary Tour of Active Duty
CZTE	Combat Zone Tax Exclusion
DCCS	Deputy Chief Clinical Services
DCS	Deputy Chief of Staff
DEERS	Defense Enrollment Eligibility Report System
DES	Defense Enrollment Eligibility Report System
DFAS	Defense Finance and Accounting Service
DFAS-IN	Defense Finance and Accounting Service-Indiana
DJMS	Defense Joint Military Pay System
DOD	Department of Defense
DODD	Department of Defense Directive
DODFMR	Department of Defense Financial Management Regulation
DODI	Department of Defense Instruction
EMILPO	Electronic Military Personnel Office (eMILPO)
ETS	Estimated Time of Separation
FCP	Family Care Plans
FORSCOM	Forces Command
FRAGO	Fragmentary Order
FSA	Family Separation Allowance
GWOT	Global War on Terrorism
HRC-A	Human Resources Command-Alexandria
HRC-STL	Human Resources Command-St Louis
HQDA	Headquarters, Department of the Army
IAW	In Accordance With
IET	Initial Entry Training
IMCOM	Installation Management Command
IMIT	Information Management/Information Technology
ITA	Invitational Travel Authorizations
<b>ITP</b>	<b>Individual transition plans</b>
JFHQ	Joint Field Headquarters
LDI	Line of Duty Investigation
LNO	Liaison Officer
MACOM	Major Army Command
MEB	Medical Evaluation Board
MEDCOM	Medical Command
MEDEVAC	Medical Evacuation
<b>MH</b>	<b>Med Hold (changed to WTU)</b>
MHO	Medical Holdover (changed to WTU)
MODS	Medical Operational Data System
MRD	Mandatory Removal Date
MRP	Medical Retention Processing
MRP2	Medical Retention Processing 2
MRPU	Medical Retention Processing Unit (changed to WTU)
MTBI	Mild Traumatic Brain Injury
NARSUM	Narrative Summary
NCOER	Noncommissioned Officer Evaluation Report

NGB	National Guard Bureau
NGR	National Guard Regulation
NMA	Non-Medical Attendant orders
OER	Officer Evaluation Report
OCONUS	Outside the Continental United States
OPORD	Operations Order
OSA	Office of the Secretary of the Army
OSD	Office of the Secretary of the Defense
OTSG	Office of the Surgeon General
PAD	Patient Administration Department
PDA	Physical Disability Agency
PDES	Physical Disability Evaluation System
PEB	Physical Evaluation Board
PEBLO	Physical Evaluation Board Liaison Officer
POC	Point of Contact
PTSD	Post Traumatic Stress Disorder
QA	Quality Assurance
RC	Reserve Component
REFRAD	Release from Active Duty
RMC	Regional Medical Command
RRC	Regional Readiness Command
RTD	Return to Duty
SAR	System Analysis and Review
SFAC	Soldier Family and Assistance Center
SRP	Soldier Readiness Processing
SOP	Standard Operating Procedure
TAMP	Transitional Medical Benefits
TDRL	Temporary Disability Retirement List
TMA	TRICARE management activity
TRANSPROC	Military Personnel Transition Processing
UCMJ	Uniformed Code of Military Justice
USAR	United States Army Reserve
USAFINCOM	United States Army Finance Command
WIA	Wounded in Action
WT	Warrior in Transition
WTU	Warrior Transition Unit (previously MHO)

## ANNEX A: WARRIOR TRANSITION UNIT ORDERS SCENARIO VIGNETTES

### a. References:

1. Department of the Army EXORD 118-07 (Healing Warriors)  
021000Q Jun 2007
2. Department of the Army FRAGO 1 to EXORD 118-07 (Healing Warriors)  
161400Q Aug 2007

### b. NOTES:

1. This order guidance applies only to Active Component Soldiers who meet the definition of Warriors in Transition (WT) per the reference above (AMAP FRAGO). The definition of a Warrior in Transition is: Medical Holdover, Active duty Medical Extension, Medical Hold and any other Active Duty Soldier who requires a Medical Evaluation Board. An Active Duty Soldier with complex medical needs requiring six months or more of treatment or rehabilitation. Initial Entry Training (IET) Soldiers are only eligible if they require a Medical Evaluation Board or when deemed appropriate by the local MEDCOM Commander and the IET Soldier's Commander. A Soldier's mission while assigned to a Warrior Transition Unit (WTU) is to heal. Soldiers assigned to a WTU may have work assignments in the unit, but such work may not take precedent over the Soldier's therapy and treatment. Unit Commanders must clear UCMJ actions, other legal actions, investigations, property/hand receipt issues and Line of Duty determinations prior to the transfer to the Warrior Transition Units. All other order processes should be executed according to existing Army guidance.
2. If a Soldier is returned to the MTF/WTU co-located with his original unit of assignment (UOA), the Soldier **will be assigned** to the MTF/WTU at that unit (i.e. Soldier's original UOA is FT. Bragg; Soldier deploys into theater, is injured and returned to Womack Army Hospital; Soldier will be **assigned** to Womack Army Hospital (MTF/WTU) at that location).
3. If a Soldier is returned to an MTF/WTU not co-located within his original unit of assignment (UOA), the Soldier will be **assigned or attached** to the MTF/WTU either at his UOA location or another MTF/WTU location (i.e. Soldier's original UOA is FT. Bragg; Soldier deploys into theater, is injured and transferred to Brooke Army Medical Center (BAMC); Soldier could be assigned to Womack Army Hospital (MTF/WTU) and attached to BAMC **OR** Soldier could be assigned to BAMC (MTF/WTU). The determination will be made by the Commander of the MTF/WTU where the Soldier is physically located.

4. Assignment to a WTU will be determined within the first 30 days that a Soldier arrives at an MTF. Families will have 90 days from the date assignment orders are issued to relocate, move household goods, out-process the current installation, etc. If PCS entitlements are not utilized within 90 days, the PCS order will be revoked and the Soldier will be attached. (This prevents the payment of a higher BAH rate while Family remains at a less expensive location).

5. There are three databases that require data entry for these Warriors in Transition. They are e-MILPO, MODS (Medical Operational Data Systems-WT module) and the Joint Patient Tracking Application (JPTA). Upon attachment or assignment the WTU personnel specialist will update the MODS databases to allow synchronization of the WTU module. JPTA will be updated as per the JPTA published guidance.

- c. The following scenarios for the order process are outlined in the following pages:
1. Soldier injured in theater and evacuated through LRMC to MTF/WTU. e-MILPO, JPTA and MODS require update.
  2. Soldier injured in theater and evacuated from theater directly to MTF/WTU. e-MILPO, JPTA and MODS require update.
  3. Soldier injured and transferred directly to MTF/WTU. e-MILPO, JPTA and MODS require update.
  4. Soldier injured and transferred to a civilian or VA hospital. e-MILPO and MODS require update.
  5. Soldier injured at CONUS Replacement Center (CRC). e-MILPO and MODS require update.
  6. Soldier transferred from one WTU to another WTU. e-MILPO and MODS require update.

# **1. SOLDIER INJURED IN THEATER AND EVACUATED THROUGH LRMC TO MTF/WTU**

An active component Soldier is assigned to a unit either CONUS or OCONUS and is notified of a mobilization into theater.

- a. Unit of Assignment (UoA) issues Temporary Change of Status (TCS) (#1) orders moving the Soldier into theater.

- b. Soldier in theater is injured and requires medical evacuation. Appropriate transactions are entered by UoA. The Army MTF will initiate transactions in JPTA and MODS.
- c. Soldier moves on TCS (#1) order from the point of injury through the medical system to LRMC.
- d. At LRMC, Soldier's original TCS (#1) order is amended or another TCS (#2) order is created- if original TCS order cannot be located- for movement of the Soldier to CONUS MTF or RTD by LRMC. Appropriate e-MILPO, JPTA and MODS transactions are entered by the MTF at LRMC.
- e. Soldier moves on TCS (#1 or #2) order to CONUS MTF/WTU. Soldier arrives at MTF and is attached or assigned to the WTU if meeting the Warrior in Transition criteria.

<p style="text-align: center;">ARRIVAL AT MTF/WTU</p> <p><u>THE FOLLOWING INFORMATION FROM ARRIVAL AT THE MTF/WTU</u> <u>UNTIL SOLDIER DISPOSITION IS THE SAME FOR ALL FIVE SCENARIOS.</u></p>
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- f. The Soldier is medically evaluated to determine the anticipated length of care that will be required.
  - 1. If medical care is anticipated to be less than six months, the Soldier will be attached and provided the appropriate medical care and rehabilitation. Generally a medical TDY order will be created with an appropriate MODS and JPTA transaction entry.
  - 2. If medical care is anticipated to be greater than six months or if the Soldier will enter the PDES process, the Soldier will be evaluated by the MTF commander and approved or disapproved for assignment or attachment to the WTU. The Soldier will then be briefed by the WTU leadership on the financial impacts of assignment and attachment to the WTU. Following discussion with the Soldier and Soldier's preference, the MTF/WTU will issue assignment or attachment orders. Appropriate e-MILPO and MODS (Medical Operational Data System-WT module) transactions will be entered. JPTA will be updated. If PCS entitlements are not utilized within 90 days, the PCS order will be revoked and the Soldier will be attached. (This prevents the payment of a higher BAH rate while the Family remains at a less expensive location).

- g. Soldier remains assigned or attached to the MTF/WTU for medical care. At the point in time the Soldier is medically determined to be fit for duty, one of the following occurs:
- h. The Soldier is determined to have reached 'optimum medical benefit' and has completed the Physical Disability Evaluation System (PDES) process, which includes the Medical Evaluation Board (MEB) and the Physical Evaluation Board (PEB), the MTF/WTU enters appropriate e-MILPO, JPTA and MODS (closeout) transactions. Details of the possible Soldier dispositions are as follows:
  - 1. Soldier completes the MEB process and is determined to meet medical retention standards.
    - a) If attached to the MTF/WTU, MEDCOM/WTU will coordinate the Soldier's return to duty with the original UOA. Appropriate e-MILPO, JPTA and MODS (closeout) Transactions will be entered.
    - b) If assigned to the MTF/WTU. MEDCOM/WTU will request assignment instructions through HRC-Alexandria, to include the 'Soldier Preference Statement for Assignment', and inform them of the Soldier's RTD status. Appropriate e-MILPO and MODS (closeout) transactions will be entered.
  - 2. Soldier completes the MEB/PEB process with a determination of separation or retirement, or when applicable, an RC Soldier requests transfer to the Retired Reserves in lieu of disability separation. The U.S. Army Physical Disability Agency transmits via TRANSPROC the required data to complete the orders process. The USAPDA will assign a not later than separation date that will not exceed 90 days. Once received, the installation Transition Center will prepare the DD 214 and publish the discharge, REFRAD, or retirement order. The date of disability separation or retirement will generally be within the 90-day window in consideration of the following: local clearing time, approved transition leave, approved permissive TDY (AC Soldiers only), separation closest to the 27<sup>th</sup> of the month as practical. No separation will be on the last day of the month. Command discretion will be exercised for situations that may require exceeding the 90-day window. It is critical that Soldiers be advised to file a claim with the Department of Veterans Affairs when the Medical Evaluation Board refers the Soldier's case to the Physical Evaluation Board and no later than the PEB's initial finding of unfit. The DVA requires at least 60 days to process a DVA claim. If the DVA claim is received early in the PDES process, it can be processed by the time of the Soldier's discharge.



## 2. SOLDIER INJURED IN THEATER AND EVACUATED DIRECTLY TO MTF/WTU

An active component Soldier is assigned to a unit either CONUS or OCONUS and is notified of a mobilization into theater.

- a. UOA issues TCS (#1) orders moving the Soldier into theater.
- b. Soldier is in theater and is injured requiring medical evacuation. Appropriate e-MILPO and JPTA transaction is entered by UOA.
- c. Soldier moves on TCS (#1) order from the point of injury through the medical system to CONUS MTF.
- d. Soldier moves on TCS (#1) to CONUS MTF/WTU. Soldier arrives at MTF/WTU.

ARRIVAL AT MTF/WTU- See f-h Scenario #1
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## 3. SOLDIER INJURED AND TRANSFERRED DIRECTLY TO MTF/WTU

An active component Soldier is assigned to a unit either CONUS or OCONUS and is injured requiring transfer to an MTF/WTU. Once evaluation is completed and it is determined that the Soldier meets the definition of a Warrior in Transition, the Soldier will be attached/assigned to that MTF's WTU.

ARRIVAL AT MTF/WTU- See f-h Scenario #1
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## 4. SOLDIER INJURED AND TRANSFERRED TO A CIVILIAN HOSPITAL

An active component Soldier is attached / assigned to a unit and is injured while on leave, during training, etc. Soldier is transferred to a civilian or VA hospital for medical care. Civilian hospital provides required medical care and discharges the Soldier appropriate to their medical condition or contacts the closest MTF through the TRICARE system for further medical care.

- a. MTF closest to the civilian or VA hospital coordinates the Soldier's transfer to the nearest appropriate MTF.
- b. The Soldier will be attached/assigned to the WTU for the duration of hospitalization.

ARRIVAL AT MTF/WTU- See f-h Scenario #1

5. SOLDIER INJURED AT CRC.

An active component Soldier is assigned to a unit and is injured while on a TCS order (an e-MILPO transaction) at the CONUS Replacement Center (CRC).

- a. Soldier is evaluated medically at CRC and is treated and released or returned on the TCS order to their home installation (MTF/WTU) for further medical care and treatment. Appropriate e-MILPO and JPTA transaction is entered.

ARRIVAL AT MTF/WTU- See f-h Scenario #1

- b. Soldier is evaluated medically at CRC and is transferred on a Medical TDY order to an MTF not at their home installation. Appropriate e-MILPO, JPTA and MODS transaction is entered.

ARRIVAL AT MTF/WTU- See f-h Scenario #1

6. SOLDIER TRANSFERRED FROM ONE WTU TO ANOTHER WTU.

An active component Soldier is assigned or attached to one WTU and is transferred to another WTU.

- a. Soldier is assigned or attached to a WTU. Medical condition and/or treatment or personal necessity require Soldier to be transferred to another WTU.
- b. Losing command coordinates with gaining MTF/WTU to facilitate the move process.
- c. Losing MTF/WTU initiates the assignment/attachment/TDY/TCS order to the gaining command based on the Soldier situation and the MTF Commander determination.
- e. Soldier is either reassigned or attached to the designated WTU.

ARRIVAL AT MTF/WTU- See f-h Scenario #1

## **ANNEX B: PAY & ENTITLEMENTS FOR SERVICE MEMBERS INJURED IN COMBAT ZONES**

An explanation of pay and entitlements for members of the U.S. Armed Forces injured while serving in a Combat Zone Tax Exclusion (CZTE) area and receiving medical treatment at military facilities outside of a CZTE area. Service members and their Families are encouraged to contact a local military finance office for any updates to the information contained in this brochure. Produced by the Wounded Warrior Pay Management Team (WWPMT) at the Defense Finance and Accounting Service August 2007 (v1.1)

### **(a) Combat-Related Injury & Rehabilitation Pay (CIP)**

Warriors who were MEDEVAC out of theater and are considered “hospitalized” are entitled to CIP. A member is considered hospitalized if he/she is admitted as an inpatient or is receiving extensive rehabilitation as an outpatient while living in quarters affiliated with the military health care system. The monthly CIP payment equals \$430 less any HFP payment received by the Warrior for the same month. The hospitalized member is eligible for CIP starting the month after the month of MEDEVAC. CIP payments for an eligible month will be made in the subsequent month. CIP is terminated if the member receives TSGLI, has received notification of eligibility for a TGSLI benefit and 30 days have passed since receipt, or is no longer hospitalized per the definition. Warriors who are entitled to CIP and do not receive the payment should work with the local finance office to submit a reconsideration memo.

### **(b) Traumatic Service Member’s Group Life Insurance (TSGLI)**

TSGLI is an entitlement that wounded Warriors may receive if they are covered by Service member’s Group Life Insurance (SGLI) and they sustain an injury that results in certain severe losses, such as loss of a leg or an arm. All members of the uniformed services that have part-time or full-time SGLI are automatically covered by TSGLI while a member is in service. TSGLI coverage will pay a benefit from \$25,000 to \$100,000 depending on eligibility and the severity of the loss resulting from traumatic injury. For more information, visit <https://www.insurance.va.gov/sgliSite/TSGLI/TSGLI.htm> or contact the Office of SGLI by phone at 1-800-419- 1473.

### **(c) Know your status**

If you've been evacuated from a combat area with injuries, disease or illness incurred while serving in a combat zone, your status can have significant impact on the pay and allowances you are due. If your medical condition is a result of direct combat, you are classified as Battle Injured (BI). You are considered Non-Battle Injured (NBI) if you have been wounded or are ill in non-combat circumstances. Be sure you or your representative periodically reviews your status to make sure you are receiving all the pay and entitlements you've earned. The military finance office will be able to keep you up to date.

#### **(d) Combat Zone Tax Exclusion (CZTE)**

Combat Zone Tax Exclusion, or CZTE, allows military members to exclude all or a portion of pay and entitlements earned while serving in designated combat areas from tax liabilities. Qualification for CZTE in a combat zone or qualified hazardous duty area (QHDA) is authorized for each month during which the service member is hospitalized or re-hospitalized as a result of wounds, disease, or injury incurred while serving in a combat zone or QHDA. The service member must meet the qualifying criteria for all or a portion of a month in order to claim CZTE for that month. CZTE qualification extends up to two (2) years after date of termination of activities in the CZTE/QHDA area if the service member is still hospitalized. The amount of tax exemption remains the same - maximum per month for 2006 is \$6,724.50, per month. The amount for 2007 is \$6,867.60 per month. Although most Warriors will not exceed this amount, some field grade officers

will. Note: There are some CZTE/QHDA areas that are not entitled to Hostile Fire Pay/Imminent Danger Pay. In these cases, the maximum tax exemption would be \$6,724.50 per month for 2006 or \$6,642.60 per month for 2007 less the amount of HFP/IDP (or \$225 per month under current pay scales).

#### **(e) Hardship Duty Pay – Location**

Hardship Duty Pay - Location, or HDP-L, is payable to service members entitled to basic pay while performing duty in a place designated by the Secretary of Defense as hardship duty. The entitlement stops the day the service member departs the designated HDP-L area unless he or she is out of location for less than 30 days. In that case, the entitlement continues with no interruption.

#### **(f) Hostile Fire Pay/Imminent Danger Pay**

Hostile Fire Pay/Imminent Danger Pay, or HFP/ IDP, is paid to military personnel serving in an area designated by the President. This includes most areas affected by Operations Enduring Freedom (OEF) and Iraqi Freedom (OIF). HFP/IDP is paid at a rate of \$225.00 per month without prorating and regardless of pay grade. HFP/IDP entitlement begins upon entry into a designated area and continues or stops as follows:

- Entitlement continues for up to an additional three (3) months after the month in which the wound, injury or illness occurred for the service member hospitalized. A Warrior is considered hospitalized if he/she is admitted as an inpatient or is receiving extensive rehabilitation as an outpatient while living in quarters affiliated with the military health care system. Effective March 23, 2006, both BI and NBI service members are entitled to HFP/IDP for up to three months when hospitalized.
- Entitlement stops the date of departure from the HFP/IDP area for service members seeking medical attention in an “outpatient” status if the member does not return to theater. If the member returns to theater within 30 days the HFP/IDP entitlement continues.

#### **(g) Family Separation Allowance**

Family Separation Allowance, or FSA, is paid to service members TDY/TCS away from their permanent duty station continuously for more than 30 days and the member’s dependents are not residing at or near the TDY/TCS station.

Amount payable is \$250.00 per month or \$8.33 per day.

FSA continues or stops as follows:

- Entitlement continues to accrue to member if one or more, but not all, dependents visit at or near the TDY/TCS station for more than 30 days or longer, if the member is otherwise entitled on behalf of the dependent(s) who are not visiting the member.
- Entitlement stops when all of the member’s dependents visit at or near the TDY/TCS station for 30 days or longer (stops effective on the 31<sup>st</sup> day).
- Entitlement stops on the day prior to returning to home station.

#### **(h) Basic Allowance for Subsistence**

Basic Allowance for Subsistence entitlement continues for service members while hospitalized. Non-hospitalized service members authorized BAS must pay for their meals.

#### **(i) Casual Pay**

The local finance office can pay wounded Warriors a casual pay (CP) when they do not have means of withdrawing funds from their bank account. The amount of the CP will be deducted from the service member’s next paycheck. Please be aware of local CP limits.

## **ANNEX C: INVITATIONAL TRAVEL AUTHORIZATIONS IN SUPPORT OF WOUNDED SOLDIERS**

Invitational Travel Authorizations (ITA) and travel voucher procedures for Family members supporting wounded Warriors of the United States Army: ITA travelers are encouraged to contact a local military finance office or Wounded Warrior Pay Management Team (WWPMT) member for any updates to the information contained in this brochure. Produced by the Travel Pay Operations of the Defense Finance and Accounting Service August 2007 (v. 1.1)

### **(a) FYI**

Visit your local military finance office for more information on your pay and entitlements. They can help on a variety of pay-related topics including pay inquiry assistance and travel claim preparation. Important Contact Information Finance Office: Personnel Office: Legal Office: Local WWPMT:

### **(b) Notes:**

For your non-travel pay questions, be sure to call the customer service professionals at Defense Finance & Accounting Service at (888) 332-7411. Remember... A complete travel package includes the original or one clear copy of the following:

1. DD Form 1351-2
2. Orders
3. Amendments/Endorsements (if issued)
4. Lodging receipts
5. Any receipts of \$75.00 or more

The following checklist will help ensure your travel voucher is proper and complete for payment:

1. Sign your voucher
2. Provide a day-time phone number and/or an e-mail address
3. Staple attachments to voucher
4. Double check your voucher to ensure all information is correct
5. Keep a copy of your complete voucher package for your reference
6. Submit your travel voucher to your local WWPMT

More questions? call the DFAS Travel Pay Customer Service Center at 888-332-7366

### **(c) Your entitlements in receipt of an Invitational Travel Authorization**

Invitational Travel Authorizations (ITAs) are government orders that can authorize up to three (3) Family members of a Soldier to travel to the medical facility providing care. This brochure contains information for Family members traveling on ITAs. If there are additional questions regarding ITAs after reading this brochure, your local Wounded Warrior Pay Management Team (WWPMT) is available to assist you.

### **(d) What do ITAs authorize?**

ITAs can authorize up to three (3) Family members to travel to the location of the service member. When on ITAs, your travel to and from the hospital, hotel costs, meals, and incidental expenses are reimbursed by the government. You will be paid a daily rate (per diem) for your meals and incidental expenses. The per diem rates received may differ depending on the location you are staying. Lodging costs cannot exceed the approved lodging rate for the area you are temporarily staying. Your local WWPMT or finance office can provide current rates for your location.

### **(e) How can I obtain an advance?**

You are authorized a cash advance while staying at the medical treatment facility. The number of days you are eligible to receive will depend upon the length of your stay at the facility and will be stated in your travel orders. The amount advanced for each day is 80% of the set per diem and 100% of the lodging rate. You are able to receive your advance via electronic funds transfer (EFT), or in some instances, cash. To ensure you receive all funds due, you must file a travel settlement. Please visit your local WWPMT to obtain a cash advance.

### **(f) How am I reimbursed for my travel entitlements while at the medical treatment facility?**

In order to get reimbursed for the amount you've spent on travel, lodging, meals, and incidentals, you must complete a travel voucher, DD 1351-2. If you have been issued an advance, you must claim the total amount of the advance on your first voucher submitted. The advance must be paid back to the government. Be sure to include a copy of your orders with your voucher. Please visit your local WWPMT for assistance in filing your travel voucher.

### **(g) What is a monthly travel accrual?**

A monthly travel accrual is a voucher that is submitted every month to pay the travel entitlements accrued from the previous month. Your local WWPMT can assist you in completing and submitting these vouchers every month. If you prefer, you can wait until your travel is completed before you submit a voucher.

Your final settlement voucher would then reimburse you for the entire period.

**(h) Non-Medical Attendant Orders**

When your Soldier becomes an outpatient, you may be issued Non-Medical Attendant (NMA) orders. While the Soldier is an outpatient, one person is typically authorized to NMA travel entitlements. NMAs work similar to ITAs, with the same travel entitlements authorized. You are authorized per diem and lodging costs at the current location not to exceed the approved lodging rate for that specific location. Please continue to file a travel voucher once a month until your Soldier is discharged, and be sure to submit a final settlement voucher once you and your Soldier return to home station. If you need further detailed information, please contact your local WWPMT.



## ANNEX D: ACTIVE COMPONENT PAY AND ENTITLEMENTS CHART:

Benefits/Entitlements	References	ADDITIONAL COMMENTS
Basic Pay	Title 37, Sec 204, 203 & 206 DoDFMR, Vol 7A, Ch 2 DoDFMR, Vol 7A, Ch 57 DoDFMR, Vol 7A, Ch 58	
BAH	37 USC 403 JFTR Volume 1, Ch 10	
BAS	37 USC 402 DoDFMR, Vol 7A, Ch 25 DoDFMR, Vol 7A, Ch 57	
Family Separation Pay (only while on TCS orders)	37 USC 402, 427 DoD FMR Vol 7A, Ch 27 & 57.	FSP will stop once PCS orders are published.
Tax benefits (while serving in Combat zone or Hazardous duty Area)	26 USC 112	WT will receive tax benefits only while <b>hospitalized</b> .
Combat Related Injury Rehabilitation Pay (CIP)	37 USC 328, ALARACT 134/2006	
Hostile Fire/ Imminent Danger Pay (while serving in Combat zone or Hazardous duty Area)	37 USC 310, DoDI 1340.9, DoD FMR Vol 7A, Ch 10	For the first 90 days while hospitalized.
Hazardous Duty Incentive Pay (MOS & duty specific)	37 USC 310, DoDI 1340.9, DoD FMR Vol 7A, Ch 10, Ch 57, Ch 58	For the first 90 days while hospitalized.
Foreign Language Proficiency Pay	37 USC 316, DoDI 7280.3, FMR Vol 7A, Ch 19, Ch 57, Ch 58. MILPER 07-137 & 06-233	Soldiers have 180 to test, once they return from theater.
Medical & Dental Special Pay for Officers	37 USC 302 & 302b, FMR Vol 7A, Ch 5 & 6	
Special Pay for Other Health Care Officers	37 USC 302 & 302b, FMR Vol 7A, Ch 5 & 6	
Member medical and dental benefits	10 USC 1074	
Retirement or Separation for Physical Disability	10 USC 1201 - 1206, DoDI 1332.38	
Dependent medical and dental benefits for dependents	10 USC 1076	

Transitional Health Care: Member and Dependents	10 USC 1145	
<b>Commissary, PX, MWR, Benefits</b>		
Commissary, PX, MWR	DODI 1330.31, 1330-20, DoDD 5505.55, DeCA Directive 40-6	
Space Required or Space Available Travel	DoD 4515.13-r	
Legal Assistance	10 USC 1044	
Accumulation of Leave/ Payment for Unused leave	AR 635-40, AR 600-8-10	
Army Pension Benefit Plans	Chap 43 of title 38 (section 4318), DoDI 1205.12	
Assistance in obtaining or other reemployment rights or benefits	Chap 43 of title 38 (section 4321), DoDI 1205.12	
Eligibility for hospital, nursing home and domiciliary care for veterans	Chap 17 of title 38 (section 1710)	

## ANNEX E: COMMANDER'S CHECKLIST FOR REFERRAL TO MEB/PEB:

DA Form 5889-R "PEB Referral Transmittal Document"	
<b>MEB Documents (in this order)</b>	
a	MEB Proceedings (DA Form 3947 or appropriate Interservice/Triservice MEB)
b	PEBLO Statement of Waiver (if Soldier failed to sign MEB)
c	Next of Kin or Guardian Statement (if applicable)
d	MTF's response to Soldier's rebuttal
e	Soldier's MEB Rebuttal
f	NARSUM
g	Addendum/s
h	Additional Medical Documents supporting NARSUM or Addendum
i	Medication Profile
j	Physical Exam (DD Form 2808 & DD 2807-1)
k	Physical Profile (DA Form 3349)
<b>PERSONNEL Documents (in this order)</b>	
a	Personnel Certificate
b	GCMCA decision to waive administrative separation under AR 635-200, Chapter 7, sec. IV; 14, 15.
c	Article 15 (if less than two years old) or other flagging statement
d	Statement explaining reduction to lower grade or precluding advancement under AR 600-8-19, as appropriate
e	Document authorizing Soldier's retention beyond scheduled separation or retirement date
f	Retirement Orders, amendments and/or revocations
g	Grade Determination (if applicable)
h	Commander's Letter/Statement (See PDA Memo #8 for physician cases)
i	Approved LOD Decision (DD Form 261/DA Form 2173) (when required)
j	OERs / NCOERs and or Developmental Counseling- Last three (as applicable)
k	APFT Scorecard (or statement non- availability)
l	MMRB (MOS/Medical Retention Board) if applicable
m	ORB/ERB/PQR/ Officer /Enlisted Record Brief, Personnel Qualification Record or Equivalent
n	LES Leave and Earnings Statement (DFAS Form 702)
<b>RC/NG Documents</b>	
a	Individual Mobilization Orders to also include extension orders, if applicable
b	MHO/ADME
c	Attachment Orders
d	Training Orders
e	Training Schedule
f	15/20-Year Letter
g	CBHCO
h	Retirement Points Statement (NGB Form 23 or ARPC Form 249-2-E) – Thru current RYE
COAD/COAR Request (may provide with either MEB or with informal election)	
Additional or Allied Documents (including copy of request for VA Hospital bed designation, orders moving Soldier to VA Hospital for continued hospitalization, etc.)	
HREC (Health and Clinical Records; to include VA records, as applicable)	

## ANNEX F: COMMANDER'S PERSONNEL CERTIFICATE FOR PEB CASES:

SOLDIER'S NAME: \_\_\_\_\_

RANK: \_\_\_\_\_

UNIT: \_\_\_\_\_

**1. Service data:** Circle the applicable response.

a. Estimated Termination Service (ETS): Soldier's ETS (will) or (will not) occur during the next 12 months. (Note: If ETS will occur, See AR 635-200, para 1-24 for retention procedures for AD enlisted, to include AGR, and AR 600-8-24, para 1-22 and 1-23 for AD officers, to include AGR.)

b. Basic Active Service Date (BASD) All components on Active Duty (AD): Soldiers BASD has been reviewed and confirmed to be \_\_\_\_\_.

c. For RC Soldiers to include Active Guard Reserve (AGR): A current retirement points statement thru current retirement year ending date (is attached) (will be faxed to the Physical Evaluation Board Liaison Officer (PEBLO)).

**2. Under investigation:** Circle applicable phrase. Soldier (is) (is not) charged or under investigation for an offense chargeable under the Uniformed Code of Military Justice (UCMJ) which could result in dismissal or punitive discharge. (Note: Not eligible for MEB/PEB. Officers resigning for the good of the service and enlisted separating in lieu of court martial (AR 635-200, chapter 10) also fall under this category).

**3. Administrative separation:** Circle applicable phrase. Soldier (is) (is not) pending voluntary or involuntary administrative separation under AR 635-200 (enlisted) or AR 600-8-24 (officer). If yes, specify the chapter and the paragraph. (Note: Enlisted administrative separations under AR 635-200, chapters 7 (section IV), 14, or 15, remain eligible for (MEB) but require GCMCA decision for PEB. MEB/PEB has precedence for all others. See para 1-33. Officers are dual processed except for resignation for the good of the service. See AR 600-8-24, para 1-23). \_\_\_\_\_

**4. Pending voluntary/involuntary retirement:** (Circle applicable phrase. Add requested information when applicable.)

a. Soldier (is) (is not) pending voluntary retirement. If yes, list date request for retirement was approved: \_\_\_\_\_.

b. Officer (is) (is not) within 12 months of mandatory retirement for age or years of service. If yes, list mandatory retirement date. \_\_\_\_\_.

**ANNEX F (CONT.)**

c. If RC, Soldier (is) (is not) within 12 months of mandatory removal date? If yes, date of mandatory removal is: \_\_\_\_\_. If yes, Soldier (does) (does not) have 20 qualifying years of service for non-regular retirement.

d. For cases of AC enlisted Soldiers: Soldier (is) (is not) within 12 months of Retention Control Point (RCP) with eligibility for length of service retirement at RCP. If yes, list RCP date: \_\_\_\_\_.

e. For cases in which retirement was affected by Stop Loss: If Soldier's retirement was delayed by Stop Loss, list the applicable Stop Loss MILPER message (Note: Whether retirement was "revoked" versus "suspended" impacts on application of the "presumption of fitness rule"): \_\_\_\_\_

**5. Pending promotion.** Circle the applicable statement (Note: Under 10 USC 1372(3)(4) Soldiers on a promotion list will be retired at promotion list rank; under 1212(c)ii Soldiers on a promotion list will receive disability severance pay at promotion list rank. Applies to automatic promotion to PV2, PFC, and SPC and from 2LT through CPT).

a. Soldier (is) (is not) on a centralized promotion list.

b. Soldier (is) (is not) on a semi-centralized promotion list and (does) (does not) meet the cut-off score.

c. For Soldiers who fall under automatic promotion, **show the date** Soldier will be due next automatic promotion:

**6. Grade determination:** (Complete statement with applicable information; otherwise state "NA.") (Note: An option under 10 USC 1372 and 10 USC 1212 is highest grade satisfactorily served. HQUSAPDA must refer cases involving disciplinary reductions and former officer rank not held the required time to the Grade Determination Review Board)

Soldier has previously held a higher rank of \_\_\_\_\_ for \_\_\_\_\_ (number of months). (Provide documentation for PEB case file.)

Explain reason for reduction in rank:

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## **ANNEX F- (CONT.)**

**7. 24 September 1975:** (Circle the applicable phrase.)

On 24 September 1975, the Soldier (was) (was not) a member of the Armed Forces, to include the Reserve components, the National Oceanic and Atmospheric Administration (NOAA and formerly the Coast and Geodetic Survey), the U.S. Public Health Service, or was under binding written agreement to become such a member. (Includes a Soldier who was a Service Academy or ROTC contracted cadet or a member of an Armed Force of another country on that date.)(Note: Concerns the exclusion from federal gross income disability severance pay or the amount of disability retired pay equal to the disability rating x retired pay base)

**B-4-3 UNCLASSIFIED**

**ANNEX G: Sample Commander Letter of Request for Soldier's Assignment/Attachment to WTU**

Office Symbol

Date

MEMORANDUM THRU (UNIT BN CDR)

FOR: Commander, Warrior Transition Unit

SUBJECT: Commander's Statement, SPC John Broken, (last SSN 4) 9999

1. Request SPC Broken be reassigned to the Warrior Transition Unit, (Installation Name), effective\_\_\_\_\_.

**2. PAST HISTORY:**

a. SPC Broken's medical condition began after a difficult landing during an airborne operation when he injured his left knee. He is a Combat Engineer, which requires extensive marching, running and frequent manual labor. Over the past five months, he was on 30-day limited duty profiles on three occasions.

b. SPC Broken's condition has only worsened. He was scheduled for arthroscopic surgery. Following his surgery, SPC Broken returned to work, only to find that his condition had not improved. He could not meet the physical demands of his job without extensive pain.

c. Later, SPC Broken was diagnosed with Osgood-Schlatter disease and has been confirmed twice more since that date. His right knee began to suffer the same symptoms as his left and he was assigned as a driver to reduce the stress on his knees. He can not walk without pain and is assigned to the CQ desk to continue rehabilitation. He was referred to the PEB process by the hospital staff (date). Medications have not eased his constant pain.

**3. PRESENT CONDITION:**

a. SPC Broken remains well motivated, and provides the leadership characteristics that had him ready to become a Non Commissioned Officer but is limited physically.

b. As a Combat Engineer, SPC Broken's physical condition prevents him from performing his duties. He has made every effort to rehabilitate himself, to include surgery. The Fort Hood hospital staff concludes that the Osgood-Schlatter disease is not curable. I ask that he be reassigned to the Warrior Transition Unit, and be processed through the Physical Evaluation process.

CDR Signature Block

**ANNEX H: MILITARY PAY E-MESSAGE 06-040:**

SUBJECT: Disability Severance Pay, Tax Refunds

A. Internal Revenue Service Publication 525, Taxable and Nontaxable Income

B. Department of Defense Financial Management Regulation Volume 7A,  
Military Pay Policy and Procedures – Active Duty and Reserve Pay, Chapter 35,  
Paragraph 3504.

The following message will expire no later than December 31, 2007.

This message announces current guidance on the payment and taxing of disability severance pay.

When a soldier is injured or has an illness that precludes him\her from remaining in the military, the soldier goes through a Army Physical Evaluation Board review process. That Board reviews the soldier's current status, as well as what caused the injury or illness. The Board determines what, if any, military disability rating the Army will award the soldier based on the individual circumstances of the case. The Board will also determine if the illness or injury was the result of armed conflict, or as a direct result of combat-related training.

Once the determination is made, the soldier's separation orders will be published by the Human Resource Command, or its local office at the installation level. On that separation order will be a statement as to whether or not the illness or injury was a result of combat or combat related. The statement will be followed by the word "YES" if the Board determined it was, or the word "NO" if they decided it was not directly related to combat or combat-related training.

When a member separates with an entitlement to disability severance pay, the field finance office should determine during the soldier's final out-processing review if the entitlement should or should not be taxed, based on the determination of the Physical Evaluation Board, as stated in the member's separation order and designated by the member's Separation Program Designator (SPD) code.

Because of DJMS system limitations, when the entitlement is coded in, the entitlement will be taxed. Since combat-related disability severance pay entitlement should not be taxed, the field finance office should immediately send an email to CIN-DISPayDocs@dfas.mil to have the taxes refunded. A copy of the separation orders (which contain the disability statement followed by the word "YES") and the soldier's DD Form 214 will be required to make the adjustment. The documents should be faxed to Separations Branch at (317) 510-7915, or DSN 699-7915, or scanned and emailed to CIN-DISPayDocs@dfas.mil immediately upon processing the separation transaction. The member should not have to be required to request the refund after the fact, if it is known during separation processing through the servicing finance office that in fact the soldier's disability severance pay entitlement should not be taxed.

In the event that the Army's determination has not been made as to whether or not the illness\injury is combat related, or the decision made by the Physical Evaluation Board is that it was not combat related, no tax refund is due the soldier at the time of separation. However, the soldier should be counseled regarding the right to file a disability claim with the Department of Veteran's Affairs (VA) after separation.

The attached sample cover letter should be handed to the soldier to assist in obtaining a tax refund based on the VA's decision.

If the member is awarded a disability rating by the VA for the same illness\injury for which disability severance pay was awarded, a refund of the taxes collected will then be



due the member. There are two scenarios involved, and the timing of the VA disability rating award determines how the refund is obtained.

A retroactive refund of taxes can be made by Central Site if the member receives a disability rating from the VA for the SAME illness\injury that disability severance pay is awarded by the Army, and the VA disability rating is awarded in the same calendar year in which the member is separated.

The sample cover letter and required documentation must be filed by December 31<sup>st</sup> of the same calendar year in which the member was separated. The VA Award Letter must be dated in the same calendar year in which the disability severance payment was issued. DFAS cannot issue tax refunds if the request is not received by December 31<sup>st</sup> of the same calendar year in which the soldier separated. DFAS can only refund current year taxes.

The entire VA award packet is not required to obtain the refund. Only the page which shows the disability rating and breaks down specifically what the rating was awarded for will be required, along with the soldier's separation orders and the DD Form 214. If the member is awarded a VA disability rating in a subsequent calendar year for the SAME illness\injury that the disability severance payment was issued for, he can file with the Internal Revenue Service (I.R.S.) to obtain the refund. Again, there are two methods a veteran can use to obtain the refund from the I.R.S. Which method to use will be determined by when and how the veteran files the tax return.

1. If the veteran chooses to file the tax return before receiving the VA disability rating, he files the tax return as a regular tax return. The W-2 received from the Army is correct as issued, because it is passed December 31<sup>st</sup> of the year he separated, and without a VA rating, the disability severance payment is normal wages and should have been taxed. So there is no need for a corrected W-2.

Once the veteran receives the disability rating from the VA, he can immediately file an amended tax return, Form 1040X, through the I.R.S. to obtain the refund. A corrected W-2 for the tax year in question will NOT be issued (DoDFMR Volume 7A, Chapter 35, paragraph 350404(D)). The member must file the corrected tax return with the words "**St. Clair vs. United States**" written across the top of the form. When calculating wages to report on the amended tax return, the veteran should take the gross wages from Block 1 of the Army W-2, subtract the **GROSS** amount of the disability severance payment, and report the remainder as the taxable wages for the year in question on the amended tax return. The veteran should report all the taxes withheld by the Army, as shown in Block 2 of the W-2. By reducing the wages, and not the taxes, the veteran will obtain a refund of the taxes collected on the disability severance pay from the I.R.S.

2. The other method would be based on the soldier postponing the filing of the tax return until the VA disability rating is received. Under NO circumstances should a veteran fail to file the tax return by the regular April 15<sup>th</sup> filing deadline (unless an extension was requested through the I.R.S.'s normal procedures). If the VA disability rating is received before the April 15<sup>th</sup> deadline, the veteran would then file the appropriate normal tax return using the following method: A corrected W2 for the tax year in question will NOT be issued (DoD FMR Volume 7A, Chapter 35, paragraph 350404(D)). The member must

file the corrected tax return with the words “**St. Clair vs. United States**” written across the top of the form. When calculating wages to report on the amended tax return, the veteran should take the gross wages from Block 1 of the ArmyW-2, subtract the **GROSS** amount of the disability severance payment, and report the remainder as the taxable wages for the year in question on the amended tax return. The veteran should report all the taxes withheld by the Army, as shown in Block 2 of the W-2. By reducing the wages, and not the taxes, the veteran will obtain a refund of the taxes collected on the disability severance pay from the I.R.S.

The POC for this message is DFAS-IN.SYSTEMS@DFAS.MIL

## **ANNEX I: SAMPLE COVER LETTER:**

Dear Sir/Ma'am

Reference my military pay account \_\_\_\_\_(SSAN)\_\_\_\_\_. I was medically discharged from the United States Army/Army National Guard on\_\_\_\_\_(date)\_\_\_\_\_. My disability severance pay had a one time tax deduction withheld for payment to the Internal Revenue Service.

Request refund based on paragraph \_\_\_\_\_ as stated below:

A. My separation orders state that my disability is based on an injury or disease received in the line of duty as a direct result of armed conflict, was caused by an instrumentality of war and incurred in the line of duty during a war period as defined by law, or disability resulted from a combat related injury as defined in 26USC 104. (Veteran Affairs(VA) determination letter not required.)

B. I have received a disability rating from the VA for the same disability for which the Army compensated me in the same calendar year that I received my disability severance pay. I understand in order for my tax account to be adjusted and a tax refund issued by DFAS, I must forward the attached documents to you so that they are received in your office by December 31st of the same calendar year in which I was separated. Therefore, under the provisions of 26USC 104(b) (2), I am eligible to have DFAS issue a refund for the taxes that were deducted from my Disability Severance Pay entitlement.

Please contact me if you require additional information. My current phone number is (\_\_\_\_)\_\_\_\_\_ and my complete current mailing address is \_\_\_\_\_

Your prompt attention to this request is appreciated.

Sincerely,

Attachments:

VA Award Letter

DD Form 214

DD Form 215 (if applicable)

Separation Orders

**ANNEX J: SUGGESTED CHANGES/CORRECTIONS TRACKER FORM:**

All recommendation or suggestions to chapter 2, the Active Component Warrior in Transition chapter, will be done with the Excel tracker available at:

[http://www.armyg1.army.mil/wtu/docs/WTU\\_AC\\_Chapter\\_2\\_Tracking\\_sheet.xls](http://www.armyg1.army.mil/wtu/docs/WTU_AC_Chapter_2_Tracking_sheet.xls)

All requests must be substantiated with source documentation.

# **CHAPTER 3:**

## **RESERVE COMPONENT MEDICAL RETENTION PROCESSING (MRP)**

**INSTRUCTIONS FOR IDENTIFICATION AND REFERRAL OF RESERVE  
COMPONENT (RC) SOLDIERS TO THE WARRIOR TRANSITION UNIT  
(WTU) PROGRAM AND REQUIREMENTS FOR MEDICAL RETENTION  
PROCESSING (MRP) ORDERS**

Revised **17 September 2007**

**ALL CHANGES ARE HIGHLIGHTED IN YELLOW**

**MAINTAINED BY:  
HQDA, DCS, G-1  
DAPE-MPE-IP**

**LTC Anne Bauer  
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**CM: (703) 695-7864**

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**MSG Michael Carmel  
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**CM: (703) 695-7864**

**DSN: 225-7864**

## **1. DOCUMENT PURPOSE:**

a. To provide implementing instruction for command and control (C2) and personnel management of RC – Army National Guard of the United States (ARNGUS), and United States Army Reserve (USAR) – Soldiers who voluntarily transition from 10 USC 12302 partial mobilization orders to 10 USC 12301(h) orders for MRP, to include participation in the Community Based Health Care Organization (CBHCO). This program applies only to RC Soldiers currently on active duty for contingency operations in support of the Global War on Terrorism (GWOT).

b. Program effective date: 6 March 2004.

## **2. REFERENCES:**

- a. 10 USC 12301, Reserve Components Generally.
- b. Department of Defense Directive (DODD) 1241.1, Reserve Components Incapacitation Benefits, 3 December 1992.
- c. Department of Defense Instruction (DODI) 1241.2, Reserve Component Incapacitation System Management, 30 May 2001.
- d. DODD 1332.18, Separation and Retirement for Physical Disability, 4 November 1996.
- e. DODI 1332.38, Physical Disability Evaluation, 14 November 1996.
- f. Department of Defense Financial Management Regulation (DODFMR), Volume 7A, Allotments.
- g. DODFMR, Volume 7B, Military Pay and Procedures – Retired Pay.
- h. Army Regulation (AR) 40-66, Medical Records Administration and Health Care Documentation.
- i. AR 40-501, Standards of Medical Fitness.
- j. AR 135-155, Promotions of Commissioned Officers and Warrant Officers other than General Officers.
- k. AR 135-381, Incapacitation of Reserve Component Soldiers.
- l. AR 600-8-4, Line of Duty Policy, Procedures, and Investigations.
- m. AR 600-8-19, Enlisted Promotions and Reductions.

- n. AR 600-8-101, Personnel Processing (In, Out, Soldier Readiness Mobilization, and Deployment Processing).
- o. AR 600-60, Physical Performance Evaluation System.
- p. AR 623-3, Evaluation Reporting System.
- q. DA Pam 623-3, Evaluation Reporting System.
- r. AR 635-40, Physical Evaluation for Retention, Retirement, or Separation.
- s. DA Pam 600-8-101, Personnel Processing (In, Out, Soldier Readiness, Mobilization and Deployment Processing).
- t. National Guard Regulation (NGR) 600-100, Officer Promotions.
- u. NGR 600-200, Enlisted Personnel.
- v. Headquarters Department of the Army (HQDA), Operation Order (OPORD) 04-01, Annex Q (Medical Holdover Operations) (WTU (MHO)).
- w. Memorandum from Assistant Secretary of the Army, (Manpower and Reserve Affairs) (ASA (M&RA)), Subject Release from Active Duty of Mobilized Personnel not Qualified for Deployment, 24 Oct 2003.
- x. Memorandum from ASA (M&RA), Subject: Transition of Reserve Component Soldiers from Partial Mobilization Orders to Medical Retention Processing, 6 March 2004.
- y. Memorandum from ASA (M&RA), Subject: Transition of Previously Mobilized Reserve Component Soldiers from Reserve Status to Active Duty for Medical Retention Processing 2 (MRP2) Status, 17 April 2006.
- z. Medical Command (MEDCOM) OPORD 06-03 (Community Based Health Care Organizations (CBHCO) WTU (MHO) Operations).
- aa. Office of the Surgeon General (OTSG) / MEDCOM Policy Memo 04-007, dated 29 June 2004, Soldiers Considered Appropriate for Medical Retention Processing.
- bb. HQDA Personnel Policy Guidance, Implementing Instructions, 25-Day Release From Active Duty (REFRAD) Rule, Chapter 7, Section 7-2b, (<http://www.armyg1.army.mil/militarypersonnel/policy.asp>).
- cc. DA Fragmentary Order (FRAGO) 10016ZJAN172006, Transfer of Authority of CBHCO from Forces Command (FORSCOM) to MEDCOM.

dd. All Army Activities (ALARACT) Message 008/2006, Subject: Contingency Operations Temporary Tour of Active Duty (COTTAD) in Support of the Global War on Terrorism.

ee. All Army Activities (ALARACT) Message 139/2007, Subject: applicable processing procedures for military orders pertaining to soldiers in a patient status who are moved from theater.

### **3. AUTHORITY:**

Memorandum from ASA (M&RA), Subject: Transition of Reserve Component Soldiers from Partial Mobilization Orders to Medical Retention Processing, 6 March 2004.

### **4. WTU PROGRAM INTENT:**

a. The WTU program is designed to compassionately evaluate and treat the RC WT (Warrior in Transition) with an in the line of duty incurred illness, injury, or disease or aggravated pre-existing condition. To, as soon as possible, return Soldiers back to duty within their respective RC. If a return to duty is not possible, process the RC Soldier through the Army Physical Disability Evaluation System (PDES).

b. This program applies to outpatient and inpatient WT- RC currently on active duty mobilized under 10 USC 12302 partial mobilization orders for operations in support of the GWOT. Soldiers on active duty in support of GWOT under another authority will be handled on a case-by-case basis. Soldiers must be found by military medical authority to have a GWOT connected unresolved in the line of duty medical condition, meet program eligibility criteria, and voluntarily request to participate in MRP. For additional assistance and instructions in completing a MRP application packet, contact Human Resource Command – Alexandria (HRC-A) Medical Support Service Section at: 703-325-4575/6327/9899/9902/9903 or DSN 221-4575/6327/9899/9902/9903, [rcmedicalretention@conus.army.mil](mailto:rcmedicalretention@conus.army.mil).

c. **Warrior in Transition (WT-RC)** is defined as a RC Soldier mobilized on 10 USC 12302 orders in support of contingency operations and diverted from his or her normal mobilization mission, demobilization processing, or medically evacuated (MEDEVAC) from theater, who is in need of medical evaluation, treatment, and disposition including definitive health care for medical conditions identified, incurred, or aggravated while in an active duty status.

c. See Appendix A for the WTU flowchart.



## 5. ELIGIBILITY FOR MRP ORDERS:

- a. The MRP program applies only to RC Soldiers currently on active duty for contingency operations in support of the GWOT under partial mobilization 10 USC 12302 orders after 6 March 2004.
- b. Soldier must have incurred an illness, injury, or disease, or aggravated a pre-existing medical condition in the line of duty.
- c. As a general rule, a mobilized RC Soldier will remain on partial mobilization orders until an appropriate medical authority determines that the Soldier will not be able to perform military duties in that status, or that the Soldier will not have a sufficient number of days left on active duty after the medical condition improves to permit return to duty (RTD).
- d. Military medical authority must determine a Soldier is not expected to RTD within 60 days from the time he or she is injured or becomes ill or if the Soldier could RTD within 60 days, but will have fewer than 120 days beyond the expected RTD date left on 10 USC 12302 partial mobilization order, then the Soldier will be converted from partial mobilization orders to MRP 12301(h) orders, subject to the Soldier's consent.
- e. In the event of **an emergent situation** and the Soldier is unable to consciously make the decision to request or decline MRP, the legal next of kin has the authority to decide for the Soldier. If there is no legal next of kin, the unit commander will treat this case as an emergent case and request MRP orders on behalf of the Soldier.

## 6. SOLDIERS NOT ELIGIBLE FOR MRP:

- a. Soldiers in the Active Component (AC/COMPO 1).
- b. Soldiers in the Active Guard and Reserve (AGR) program.
- c. Soldiers mobilized under other than 10 USC 12302 partial mobilization orders for contingency operations in support of the GWOT and currently on active duty.
- d. Soldiers mobilized under 10 USC 12302 partial mobilization orders who are found medically non-deployable by military medical authority within the first 30 days of mobilization and do not incur an in the line of duty illness, injury, or disease or aggravate a pre-existing condition. Soldiers identified during this period will be released from their mobilization order and returned to their respective RC.

- e. Army policy requires a screening of all Soldiers for pre-existing conditions as soon as possible after mobilization to identify disqualifying pre-existing medical conditions, revoke the mobilization order, and return these Soldiers within the first 25 days of the effective date of his or her mobilization date (M-day) to their respective RC. A RC Soldier with a pre-existing medical condition, not aggravated by his or her current call to active duty, will be released within the first 30 days of active duty.
  - (1) Soldiers identified with pre-existing medical conditions will be released from active duty (REFRAD), returned to his or her prior Reserve status, and returned to their home address.
  - (2) The RC command is responsible to take action to address the medical readiness of Soldiers released from 10 USC 12302 partial mobilization order and if necessary refer the Soldier to Army medical authority for further evaluation to determine if it is necessary to enter the Soldier into the Army PDES.
  - (3) Soldiers are subject to subsequent order to active duty upon resolution of the disqualifying medical condition.
- f. Soldiers with a pre-existing medical condition not aggravated while on current call to active duty.
- g. Soldiers with an in the Line of Duty Investigation (LDI) - No Determinations.
- h. Soldiers with pending Uniformed Code of Military Justice (UCMJ) actions.
- i. When military medical authority determines the Soldier is expected to RTD within 60 days of the time he or she is injured or becomes ill or will have at least 120 days left on USC 12302 partial mobilization orders beyond the expected RTD date, then the Soldier will be kept on partial mobilization orders and managed by the installation/unit to which he or she is assigned/attached.
- j. Pregnancy. Pregnancy will **not** be a criterion for entry into the MRP program. A Soldier who is qualified for the MRP program who is also pregnant may be entered into the MRP program if the pregnancy will not interfere with the medical care provided for the qualifying illness or injury. A Soldier whose pregnancy interferes with the care, treatment or evaluation of her illness or injury will be REFRAD from the MRP program and may be brought back after the current pregnancy for the completion of her care or evaluation.

**7. WARRIOR TRANSITION UNIT (WTU) SOLDIER CATEGORIES:** WTU Soldiers fall into the following categories:

**a. Pre-Deployment:**

(1) Soldiers found medically non-deployable by military medical authority after M-day through departure from the mobilization station and movement to a Outside the Continental United States (OCONUS) or Continental United States (CONUS) assignment that incur an in the line of duty illness, injury, or disease or aggravate a pre-existing condition.

(2) When military medical authority determines the Soldier is expected to RTD within 60 days of the time he or she is injured or becomes ill and will have at least 120 days left on USC 12302 partial mobilization orders beyond the expected RTD date, then the Soldier will be kept on partial mobilization orders and managed by the installation/unit to which he or she is assigned/attached.

(3) If, at anytime, Army military medical authority determines the Soldier **will not** RTD within 60 days of the time he or she is injured or becomes ill, he or she is offered the MRP program. If the Soldier agrees to enter MRP, he or she is assigned to the installation Warrior Transition Unit (WTU/MRPU) on 10 USC 12301(h) orders. If the Soldier declines the MRP Program, he or she is REFRAD back to their respective RC. Go to Section 14 of this document for further information on declination of the MRP program.

(4) In the event of **an emergent situation** and the Soldier is unable to consciously make the decision to request or decline WTU orders, the legal next of kin has the authority to decide for the Soldier. If there is no legal next of kin, the unit commander will treat this case as an emergent case and request WTU orders on behalf of the Soldier.

#### **b. Deployment:**

(1) Defined as Soldiers who are evacuated from a theater of operation or a CONUS mobilization assignment that incur an in the line of duty illness, injury, or disease or aggravate a pre-existing condition.

(2) When the medical authority determines that a Soldier evacuated from a theater or CONUS assignment, and **will** RTD within 60 days from the time he or she is injured or becomes ill, and he or she will have at least 120 days left on his/her mobilization orders beyond the expected RTD date, the Soldier remains on active duty under UP 10 USC 12302. Soldiers remain assigned to the WTU until Army medical authority determination returns the Soldier to duty. If, at anytime, the medical authority determines the medical condition will not be resolved within 60 days of incident, the Soldier is offered MRP.

(3) If, at anytime Army medical authority determines the Soldier **will not** RTD within 60 days of the time he or she is injured or becomes ill, he or she is offered MRP. If the Soldier agrees to enter MRP, he or she is assigned to the installation WTU (MRPU) on 10 USC 12301(h) orders. If the Soldier declines MRP, he or she is REFRAD back to

their respective RC. Go to Section 14 of this document for further information on declination of MRP orders.

**c. Post-Deployment:**

Soldiers arriving at the demobilization station and determined by military medical authority to have an in the line of duty incurred illness, injury, or disease or aggravated pre-existing medical condition connected to the current deployment will be offered the MRP program. If the Soldier agrees to enter MRP, he or she is assigned to the installation WTU (MRPU) on 10 USC 12301(h) orders. Soldiers declining entry into MRP will be REFRAD to their respective RC. Go to Section 14 of this document for further information on declination of MRP orders.

**d. In-Patient:**

When military medical authority determines that the Soldier **will** RTD within 60 days of the time he or she is injured or becomes ill **and** will have at least 120 days left on partial mobilization orders beyond the expected RTD date of the incident, the Soldier remains on active duty 10 USC 12302 orders and is assigned to the WTU (MRPU). If the Soldier does not meet the above criteria to remain on 10 USC 12302 orders, the Soldier will be offered MRP orders. If the Soldier agrees to enter MRP, he or she is assigned to the installation WTU (MRPU) on 10 USC 12301(h) orders. Soldiers declining entry into the MRP program will be REFRAD to their respective RC. Go to Section 14 of this document for further information on declination of MRP.

**e. Inpatient on 10 USC 12302 Partial-Mobilization Orders Who Becomes an Outpatient:**

When military medical authority determines that the in-patient WTU Soldier currently on 10 USC 12302 orders pending in-patient discharge **will** RTD within 60 days of the time he or she is injured or became ill **and** will have at least 120 days left on partial mobilization orders beyond the expected RTD date of the incident, the Soldier remains on active duty 10 USC 12302 orders and is assigned to the WTU. If the Soldier does not meet the above criteria to remain on 10 USC 12302 orders, the Soldier will be offered MRP. If the Soldier agrees to enter MRP, he or she is assigned to the installation WTU on 10 USC 12301(h) orders. Soldiers declining entry into MRP will be REFRAD to their respective RC. Go to Section 14 of this document for further information on declination of MRP.

**f. Inpatient or Outpatient on 10 USC 12301(h) MRP Orders:**

Once a Soldier enters the WTU Program on MRP orders, he or she will remain on 10 USC 12301(h) orders until medical care is complete and the Soldier is RTD, or processed through the PDES. The Soldier's order status **does not** change if he or she moves between outpatient and in-patient status. Accountability: The WTU Commander

will ensure the Soldier's status is correctly reflected in the Medical Operational Data System (MODS).

## **8. RESPONSIBILITIES:**

### **8-1. ASA (M&RA):**

- a. Provide program oversight for WTU (MHO) Program operations.
- b. Responsible as the overall policy proponent for WTU (MHO) operations.
- c. Coordinate, as necessary, WTU operations with HQDA staff elements and other Major Army Commands (MACOMs).
- d. Assist HQDA, Deputy Chief of Staff (DCS) G-1 in developing personnel policy for WTU operations in coordination with MEDCOM, IMCOM, HRC-A, Physical Disability Agency (PDA), Chief, National Guard Bureau (CNGB), Chief, Army Reserve (CAR), US Army Finance Command, and Defense Finance and Accounting Service (DFAS).

### **8-2. Headquarters, Department of the Army, Deputy Chief of Staff G-1 (HQDA, DCS G-1) will:**

- a. Develop personnel policy for WTU operations in coordination with ASA (M&RA), MEDCOM, IMCOM, HRC-A, PDA, CNGB, CAR, US Army Finance Command, and DFAS.
- b. Provide policy guidance for MRP as directed by ASA (M&RA).

### **8-3. Office of the Surgeon General (OTSG) / Medical Command (MEDCOM) will:**

- a. Serve as the Supported Command synchronizing WTU operations.
- b. Develop and implement medical standards and policy to support WTU operations, to include provision of clinical care, case management, monitoring outcomes, treatment tracking, ensuring appropriate and adequate clinical resources and support, and providing staff orientation and education.
- c. Provide overall technical supervision and quality control over all medical aspects of the WTU Program.
- d. Establish medical decision criteria, and make individual evaluations on type and location of medical treatment for WT.

- e. Refer WT to the Army PDES in accordance with (IAW) Department of Defense (DOD) and Army policy.
- f. Retain primary responsibility for determining the best location for medical treatment for WT.
- g. Maximize throughput capacity at MTF by increasing staffing, temporarily shifting resources, and effectively utilizing a combination of resources to improve access to health care and to reduce the administrative time RC Soldiers spend in a WTU status.
- h. Establish technical procedures to conduct quality assurance (QA) review of WTU (MHO) program, to include the Medical Evaluation Board (MEB) and Physical Evaluation Board Liaison Officer (PEBLO) functions.
- i. Maintain ownership of the CBHCO, to include CBHCO dedicated assets, tasking authority, and funding responsibility as per ALARACT Message 005/2006.
- j. The Regional Medical Commands (RMC) will provide C2, personnel, logistical, fiscal, legal, chaplain, and communications coordination and support to the CBHCO to ensure the success of the Army's CBHCO.
- k. Synchronize the efforts of National Guard Bureau (NGB), Office, Chief Army Reserve (OCAR), and other agencies in support of CBHCO operations.
- l. Evaluate CBHCO program adequacy and continually evaluate CBHCO program resources, location, and effectiveness.
- m. Develop job descriptions for WTU and CBHCO personnel.
- n. Develop SOPs for WTU and CBHCO.
- o. Develop procedures utilizing MODS that provide real time visibility and accountability of WTU Soldiers assigned and attached to WTUs and CBHCOs in coordination with HRC-A.
- p. Provide real time visibility and accountability of RC Soldiers attached to CBHCOs and WTU inpatient Soldiers through the MODS.
- q. Coordinate with the Army Reserve Surgeon office to provide USAR Liaison to each CBHCO.
- r. Coordinate with Chief, National Guard Bureau for Soldiers to fill CBHCO cadre positions.
- s. Develop SOPs for WTU and CBHCO.

- t. Develop eligibility criteria for attaching WTU (MHO) Soldiers to CBHCO with assistance from HRC-A.
- u. In a collaborative effort with HRC-A, develop procedures for transfer of WTU (MHO) Soldiers from active Army installation-to-installation, installation to CBHCO, and CBHCO to installation.
- v. Develop and conduct training to WTU and CBHCO personnel.
- w. Make the initial request to HRC-A for RC WT to move from partial mobilization 10 USC 12302 orders to 10 USC 12301(h) MRP orders.
- x. Ensure the gaining installation (WTU (MRPU) or command element) contacts the Soldier and Soldier's unit for coordination of his/her arrival
- y. Initiate MRP extension orders request for WTU (MHO) Soldiers attached to a CBHCO, to HRC-A. Extension requests must be complete and forwarded to HRC-A no later than 45 days before current orders expire in order to prevent the WT from dropping off current orders.
- z. Initiate MRP orders extension requests for WTU (MRPU) assigned Soldiers to HRC-A for WTU Soldiers continuing in the MRP program. Extension requests must be complete and forwarded to HRC-A no later than 45 days from when current orders expire in to prevent the Soldier from dropping off current orders
- aa. Ensure that for the first MRP order extension the MRP Extension Provider Statement is completed by the primary provider and included with the MRP order extension packet. (See Enclosure 8 for a copy of the MRP Extension Provider Statement.)
- bb. Ensure that for the second and any subsequent MRP order extension the MRP Extension Provider Statement is completed by the primary provider and reviewed, approved, and signed by the Deputy Commander Clinical Services (DCCS). (See Enclosure 8 for a copy of the MRP Extension Provider Statement.)
- cc. Provide a current and relevant profile (DA Form 3349) with any limitations IAW AR 40-501, Chapter 7, to the Soldier's WTU commander.
- dd. Make the REFRAD recommendation to the WTU or CBHCO Commander when the medical reason for entering the WTU system is resolved and it can be determined the Soldier meets retention standards.
- ee. Forward Soldier's health and personnel records to their parent unit upon REFRAD and provides a copy to the Soldier upon request.

ff. Coordinate with the Department of Veterans Affairs for access to care and use of Veterans Administration providers.

gg. Coordinate with TRICARE management activity (TMA) for network and non-network access to care and utilization of services.

hh. The MTF commander will perform C2 for Warriors in Transition (WT) receiving treatment. Commander will ensure that WT are available for their medical care, provided with adequate billeting and receive administrative and logistical support.

ii. Coordinate with original mobilization installation and losing installation for the transfer of records, documentation of Deployment Cycle Support training and other administrative information, as appropriate.

jj. Conduct Deployment Cycle Support, Phase III, Re-deployment, and tasks for MRP Soldiers and their Families. This web site is [www.armyds3.org](http://www.armyds3.org)

kk. Coordinate with TRICARE Management Activity and Veterans Administration to optimize access to care for WT released from active duty or separated from the service.

ll. Assist HQDA, DCS G-1 in developing personnel policy for WTU operations in coordination with ASA (M&RA), IMCOM, HRC-A, PDA, CNGB, CAR, US Army Finance Command, and DFAS.

mm. Conduct periodic assistance visits of WTU and CBHCO sites to ensure compliance with established operational standards in coordination with HRC-A.

nn. Process Requests for Forces (RFF) to support WTU operations.

oo. Train WTU and CBHCO personnel on military and travel pay, leave reporting (DA Form 31), leave accountability (leave record) and capabilities of MyUnitPay and any other tasks necessary to support the WT.

#### **8-4. Installation Management Command (IMCOM) will:**



- a. Ensure that Soldiers in a WTU status exceeding 30 days on IMCOM installations are billeted to accommodate their medical condition, and that these billets are comparable to permanent party billeting on the same installation. At the minimum, this billeting will be safe, secure, and climate controlled, with inside latrines and privacy between sleeping areas. Provide appropriate accommodations for Soldiers with functional or medical limitations.
- b. Support Commander, MEDCOM, by participating in the on-site certification of the WTU sites, ensuring they are mission-ready before accepting WT.
- c. Collaborate as required with HQDA, DCS G-1 in developing personnel policy for WTU operations in coordination with ASA (M&RA), MEDCOM, HRC-A, PDA, CNGB, CAR, US Army Finance Command, and DFAS.
- d. Support MEDCOM in conducting on-site assistance visits of the WTU sites.
- e. Collaborate with MEDCOM to develop procedures for the transfer of WT from IMCOM installation-to-installation, installation-to-CBHCO, and CBHCO-to-installation.
- f. Support WTU and CBHCO commanders with installation personnel administrative processes.
- g. Collaborate with MEDCOM to ensure WTU command completes in-processing requirements including all personnel and pay actions such as personnel status changes to support accountability in Electronic Military Personnel Office (eMILPO), process for pay and update the Defense Enrollment Eligibility Report System (DEERS), and issue of dependent identification cards if necessary in accordance with the eMILPO Functional Guide and AR 600-8-14.
- h. Conduct WTU Soldier transition activities through installation Transition Centers.
- i. Conduct IMCOM specific Deployment Cycle Support (DCS), Stage V, Re-deployment, and tasks for WTU Soldiers and their Families IAW the Department of the Army DCS Directive. This web site is [www.armyds3.org](http://www.armyds3.org)
- j. Facilitate WTU cadre replacement processing by coordinating with HRC-A, HRC-S, OTSG/MEDCOM, and DA G3, until 1 Jan 08 as specified by the 11 Jun 07 IMCOM/MEDCOM MOA for MRPU transfer of command and control.

#### **8-5. Human Resources Command – Alexandria (HRC-A) will:**

(1) Develop procedures, conduct technical oversight and quality control of personnel actions, administrative processing, assignment, attachment, and transfer of WT to ensure accountability and Soldier welfare.

(2) Assist MEDCOM in developing eligibility criteria for attaching WT to CBHCO.

(3) Develop job descriptions for HRC-A MRP personnel.

(4) Develop SOPs for internal HRC-A MRP operations.

(5) Assist HQDA, DCS G-1, in developing personnel policy for WTU operations in coordination with ASA (M&RA), MEDCOM, IMCOM, PDA, CNGB, CAR, US Army Finance Command, and DFAS.

(6) Assist MEDCOM in developing procedures that provide real time visibility and accountability of WT assigned to WTU and attached to CBHCOs.

(7) Conduct training on personnel management, strength accounting procedures, and PDES processes to key personnel in coordination with MEDCOM, and other MACOMs.

(8) Determine whether RC Soldiers meet administrative criteria to enter MRP.

(9) Coordinate with MEDCOM through the RMC Senior Case Manager for WTU assignment.

(10) Receive and review initial and extension MRP packets for completeness. (See Enclosure 2 and 3 for initial and extension packet checklists).

(11) Maintain accountability of MRP participants by maintaining a tracking program containing at the minimum the following data on each participant:

- (a) Date an initial or extension MRP packet is received at HRC-A.
- (b) Initial order start date for the MRP program.
- (c) Current MRP order end date.
- (d) Total number of days a Soldier is on MRP orders.
- (e) Installation assignment.
- (f) If applicable, CBHCO attachment.
- (g) What component - Army National Guard (ARNG) or USAR.
- (h) Soldier's first, last name, and middle initial.
- (i) Soldier's Social Security number.
- (j) Order distribution dates from HRC-A.

- (k) REFRAD or separation date from MRP program
- (l) Soldier's disposition from the MRP program.

(12) Publish MRP assignment, attachment, and REFRAD orders.

(13) Sends orders via email to the WTU commander along with a courtesy copy of the DA 4187 with the Soldier's and unit contact information to the following:

- RMC Senior Case Manager.
- Soldier's unit (or other requestor if Soldier's unit is deployed).
- DFAS.

The ARPERCEN Orders and Resources System (AORS) in Human Resources Command – St. Louis (HRC-STL) will automatically forward via mail a copy to the Soldier's home address, Soldier's parent unit and Joint Field Headquarters (JFHQ) or Regional Readiness Command (RRC).

(14) Assist ASA (M&RA) in conducting periodic on-site assistance visits of the WTU and CBHCO sites in coordination with IMCOM and MEDCOM.

(15) Contact appropriate agency(s) to revoke partial mobilization orders when WT Soldiers move from 12302 partial mobilization orders to 12301(h) MRP program orders.

(16) Contact appropriate agency(s) to ensure continuation of pay and entitlements when requested to publish 12301(h) orders.

(17) Develop the process to generate 90, 60, and 30-day WTU 12301(h) orders reports, and report distribution in coordination with MEDCOM and IMCOM.

#### **8-6. Physical Disability Agency (PDA) will:**

- a. Assist HQDA, DCS G-1 in developing personnel policy for WTU operations in coordination with ASA (M&RA), MEDCOM, IMCOM, HRC-A, CNGB, CAR, US Army Finance Command, and DFAS.
- b. Interpret and implement policies from HRC-A, Department of the Army, and DOD.
- c. Develop policies, procedures and programs for DOD's Disability Evaluation System (DES).
- d. Accomplish the final administrative actions in processing physical disability cases.

- e. Coordinate and manage all Soldiers on the Temporary Disability Retired List (TDRL).
- f. Coordinate with DOD and other military departments to facilitate uniform interpretation among the services of applicable PDES laws, policies and directives.
- g. Make final decisions on behalf of the Secretary of the Army concerning a Soldier's fitness for duty and other issues related to physical disability, except when such decisions are specifically reserved for higher authority. Included as higher authority are the Office of the Secretary of the Army (OSA) and the Office of the Secretary of Defense (OSD).
- h. Conduct training on processes to key personnel in coordination with HRC-A, IMCOM, MEDCOM, and other MACOMs.
- i. Maintain an automated database system to track and record a Soldier's progress through the PDES.
- j. Respond to requests for information about the PDES from the Soldiers, the Soldier's chain of command, Department of the Army, and Congressional inquiries.
- k. Conduct a weekly review and take the appropriate action on all WTU cases received by the Physical Evaluation Board (PEB) or HQUSAPDA that are older than 90 days.
- l. Schedule formal hearings requested by WT Soldiers for a date within 30 calendar days of the Soldier's request, pending adequate legal representation.
- m. Enter into TRANSPROC a separation/retirement date of no later than 30 calendar days from the Agency's completion of case processing.
- n. Headquarters Functions:
  - 1) Command and manage the subordinate elements of the USAPDA.
  - 2) Review PEB proceedings to ensure that Soldiers are given uniform consideration under the applicable laws, policies and directives.

**8-7. Chief, National Guard Bureau (CNGB) will:**

- a. Assist HQDA, DCS G-1 in developing personnel policy for WTU operations in coordination with ASA (M&RA), MEDCOM, IMCOM, HRC-A, PDA, CAR, US Army Finance Command, and DFAS.
- b. Provide, upon request, and as available, C2 personnel for CBHCO operations and Task Force personnel.
- c. Ensure that billeting of WT Soldiers on NGB controlled installations is in accordance with WTU billeting policy.
- d. Provide base operations (BASOPS) support including information management/information technology (IMIT), lodging, personnel, finance, billeting, and transportation for CBHCO sites for NGB controlled installations.
- e. Provide an ombudsman to the Defense Finance and Accounting Service-Indianapolis (DFAS-IN). The ARNG Ombudsman at the DFAS-IN will process MRP orders into the reserve pay system for the ARNG and USAR Soldiers and Provide overall pay support to Soldiers assigned to the CBHCOs.

**8-8. Chief, Army Reserve (CAR)/Commanding General, United States Army Reserve Command (USARC) will:**

- a. Assist HQDA, DCS G-1 in developing personnel policy for WTU operations in coordination with ASA (M&RA), MEDCOM, IMCOM, HRC-A, PDA, CNGB, US Army Finance Command, and DFAS.
- b. Provide, upon request, personnel for WTU operations on-installation and USAR liaison personnel for each CBHCO site.
- c. Ensure that billeting of WT Soldiers on USARC installations is in accordance with Army billeting policy.
- d. Provide BASOPS support including IMIT, lodging, personnel, finance, billeting and transportation for CBHCO sites for USAR controlled installations.

**8-9. United States Army Finance Command (USAFINCOM) will:**

- a. Assist HQDA, DCS G-1 in developing personnel policy for WTU operations in coordination with ASA (M&RA), MEDCOM, IMCOM, HRC-A, PDA, CNGB, CAR, and DFAS.
- b. Conduct oversight of finance roles and responsibilities in all aspects of WTU operations.

- c. Assist in resolving military and travel pay issues.
- d. Coordinate with DFAS, ARNG and USAR Pay Ombudsman Offices for pay support and providing procedural, policy, and pay systems guidance.
- e. Coordinate, when necessary, with DFAS, ARNG, and USAR Pay Ombudsman Offices to support the ASA (M&RA) SAR Team during visits to installations.
- f. Coordinate, when necessary, with DFAS, ARNG, and USAR Pay Ombudsman Offices to support the HRC-A Mobile Training Team (MTT) during training visits to installations.
- g. Ensure compliance by finance offices of the Finance Mobilization and Demobilization Standing Operating Procedure and DFAS Wounded In Action (WIA) Program.

**8-10. Defense Finance and Accounting Service will:**

- a. Assist HQDA, DCS G-1 in developing personnel policy for WTU operations in coordination with ASA (M&RA), MEDCOM, IMCOM, HRC-A, PDA, CNGB, CAR, and US Army Finance Command.
- b. Establish procedures with installation MTF, WTU, and CBHCO commanders to ensure Soldier's accountability, duty status and accurate pay account.
- c. Brief and encourage commanders and Soldiers to enroll in MyPay.
- d. Brief WTU commander (also CBHCO commanders and cadre when necessary) on the requirements of military and travel pay, leave processing (DA Form 31) to the servicing finance office and leave accountability (leave record). The ARNG Pay Ombudsman at DFAS-IN has the primary responsibility for this briefing, pay support and finance training for CBHCO commanders and staffs.
- e. Maintain and update WT Soldiers' military pay and travel records as needed. Provide WIA Tiger Teams to medical and field sites when required and approved through appropriate channels, to ensure Soldiers' pay accounts are paid correctly, and as applicable, suspend debts, and submit applications for cancellation or waiver.
- f. Update and maintain the DFAS WIA Program database in accordance with the DFAS standard operating procedures (SOP). This database includes Soldiers WIA and Disease Non-Battle Injury (DNBI).

**9. MRP SELECTION:** When Army medical authority determines that, a contingency operation RC Soldier has a medical condition that moves him or her into a WTU status:

a. The Soldier is assigned a Case Manager. The Case Manager will:

- (1) Contact the installation WTU Commander.
- (2) In collaboration with the WTU Commander and the RMC Senior Case Manager, determines the location where the WT Soldier will be assigned/attached.
- (3) Ensures the RC Soldier is entered into MODS at the time he or she becomes a WTU Soldier and for maintaining accuracy of the clinical data fields throughout the time a RC Soldier is in the WTU system.

b. The WTU Commander:

- (1) In collaboration with the Case Manager, determines the location where the WT (MHO) Soldier will be assigned/attached.
- (2) Determines whether the WT Soldier meets criteria set down in the 60 day, 120-day order rule for MRP eligibility. This determines whether the WTU Soldier remains on his or her 10 USC 12302 partial mobilization order or enters the MRP Program under a 10 USC 12301(h) MRP orders.
- (3) Ensures, when a WT Soldier is eligible for MRP that he or she is counseled by an individual familiar with MRP, INCAP pay, and Transitional Assistance Management Program (TAMP). The MRP Soldier counseling statement is found as Enclosure 5 of this document. To assist in the counseling process, the following documents are available:
  - (a) Army Regulation 135-381, Incapacitation of Reserve Component Soldiers is available online through the U.S. Army Publishing Directorate web site. More information at: <http://www.usapa.army.mil>
  - (b) OTSG teaching tool is available in the WTU – CG website [http://www.armyg1.army.mil/wtu/docs/WTU\\_Reference\\_Sections.pdf](http://www.armyg1.army.mil/wtu/docs/WTU_Reference_Sections.pdf), in order to assist Soldiers and their leadership. More information at: <http://www.armyg1.army.mil/MilitaryPersonnel/policy.asp>
- (4) If the WT Soldier is eligible and elects MRP participation, the will submit an initial MRP order request packet (See Enclosure 2 for list of required documents) to HRC-A, Medical Support Service Section.
- (5) Enters the Soldier's data into MODS, triggering the Soldier's participation as a WT.

c. HRC-A publishes and distributes MRP assignment orders under 10 USC 12301(h).

## **10. CBHCO:**

a. What is a CBHCO? To alleviate the burden on the Army's billeting and to enhance Soldier's well being, certain qualified WT Soldiers may be assigned to receive care while assigned to a WTU and attached to a CBHCO unit with duty at home of record (HOR).

b. WT selected to a CBHCO must keep all medical appointments, and perform all duties as assigned by their CBHCO commander. WT who cannot maintain their medical care or appointments as prescribed by a military medical care provider will be REFRAD or assigned to MTF.

c. All Soldiers in the CBHCO, C2 and patients are subject to UCMJ.

d. WT selected and attached to a CBHCO are not eligible for Combat-Related Injury Rehabilitation Pay (CIP).

### **10-1 CBHCO selection criteria:**

a. C2 and medical authorities will consider all WT Soldiers for the CBHCO unless specifically excluded by eligibility criteria.

b. The qualification and selection of the WT for attachment to a CBHCO is a joint decision between the C2 and medical authorities at the installation and the CBHCO and should best facilitate the WT's progression to obtaining optimal medical benefit.

c. Eligibility criteria is as follows:

- 1) Meet all eligibility criteria to enter MRP 10 USC 12301(h) orders.
- 2) Unencumbered by legal or administrative action or holds, including Soldiers who are flagged for adverse action or undergoing chapter actions. [Soldiers with behavioral disorders (Axis II) that render a Soldier administratively unfit/non-retainable should not be selected for the CBHCO. These Soldiers will be processed for separation IAW personnel policy.]

d. The following criteria will be addressed by the command to qualify and select a WTU Soldier for CBHCO attachment:



(1) Soldier attends required unit activities and scheduled medical appointments and demonstrates the reliability required for remote C2 and administrative management.

(2) As assessed by the command and medical authority, the WT Soldier has a housing plan for a permanent (not transient) residence that accommodates functional limitations, has a street address and provides for telephonic contact. Soldier's planned residence is not within the area of responsibility of another WTU, unless a case-by-case exception to policy is agreed upon [Example: Soldier cannot be homeless or living in a temporary shelter.] Most Soldiers' residence and home of record will be the same, however, exceptions may be granted on a case-by-case basis. Soldiers might choose to live with Family members who can assist in their convalescent or rehab care.

(3) As assessed by the command and medical authority, the WT has reliable transportation to travel to and from medical appointments as well as designated place of duty, which accommodates any physical limitations. [Reliable transportation might include use of mass transit system, or Family/friend providing rides.]

(4) Availability of appropriate duties at an appropriate work site or place of duty within limits of physical profile and within commuting distance from residence, normally within 50 miles of residence. [Soldiers who are physically capable of work are to perform duties primarily in support of Title 10 mission. If performing work in a Title 32 organization, the majority of duties must support Title 10 versus Title 32 functions.]

**10-2. Medical selection for CBHCO** is made by the designated medical authority at the installation upon coordination with the CBHCO medical authority. The Deputy Commander for Clinical Services, representing the Director of Health Services at the installation, has arbitration authority. The RMC has appellate authority.

a. Soldiers must require a minimum of 60 days of clinical care to achieve optimal medical benefit. Soldiers who will achieve optimal medical benefit within 60 days or are already engaged in the MEB/PEB process are best served by remaining on the installation and expeditiously completing their medical disposition.

b. Soldier's preliminary or working diagnosis and care plan can be managed by the CBHCO and confirmation that appropriate medical care is available within commuting distance from residence. Commuting distance is normally 50 miles from primary care or frequent, recurring

appointments such as physical therapy. Specialty/sub-specialty care might require overnight TDY

c. In most cases, a Soldier currently with the following conditions, not commonly treated by civilian practitioners, should not be considered for CBHCO management

- 1) Exposure to depleted uranium.
- 2) Exposure to chemical, biological, radiological, or nuclear agents.
- 3) Leishmaniasis.

**10-2. Implementing Instructions for Community Based Health Care Organization (CBHCO) Referral Process are outlined in Annex B.**

**11. WTU ASSIGNMENT AND REASSIGNMENT PROCESS:** See MRP ANNEX-A - WTU Orders Processes for MRP.

**12. WARRIOR in TRANSITION (WT) SOLDIER ACCOUNTABILITY AND WELL BEING:**

**12-1. Installation MTF Commander, WTU Commander and CBHCO Commander Responsibility:**

- a. The installation MTF Commander is responsible for the accountability and well-being of all WT assigned to his or her command. This includes inpatient and outpatient WT.
- b. The WTU Commander is responsible for accountability and well-being of WT Soldiers assigned and attached to his or her command at the installation WTU or MTF.
- c. The CBHCO Commander is responsible for the accountability and well-being of all MRP Soldiers attached to his or her command.

**12-2. The MODS WTU Module:**

- a. Initial entry of RC Soldier data into the MODS WTU module is the trigger that enters the Soldier in the WTU process for accountability and tracking purposes. Disposition occurs when the WTU Soldier is fit for duty or the PDES process, including appeals, is complete.

- b. The MODS WTU module provides real-time visibility and accountability of RC Soldiers assigned to WTUs and attached to CBHCOs. The MODS WTU module is the Army's sole tracking and reporting database for WT. OTSG/MEDCOM maintains The MODS WTU module.
- c. MODS WTU database input:
  - 1) The WTU and CBHCO Commanders are ultimately responsible for the accuracy of MODS administrative and clinical data fields for the WTU Soldiers assigned or attached to their command.
  - 2) Case Managers are responsible to ensure the clinical information for the RC Soldier entered into MODS at the time he or she becomes a WT and for maintaining accuracy of the clinical data fields throughout the time a RC Soldier is in the WTU system.
  - 3) HRC-A is responsible for updating administrative order related data fields when WT orders are issued or modified.
- d. The WTU and CBHCO Commanders will maintain a 100% accountability of the WT Soldiers assigned or attached to their commands.
- e. The MTF Patient Administration Department (PAD) section will ensure notification of installation WTU commanders within 24 hours of arrival of any inpatient WT-RC at the MTF.

### **13. REFERRAL TO THE ARMY PHYSICAL DISABILITY EVALUATION SYSTEM (PDES):**

It is not within the mission of the Army to retain members on active duty or in the Ready Reserve to provide prolonged, definitive medical care when it is unlikely the Soldier will not return to full military duty. As provided in DODI 1332.38 (Reference e.) MRP participants will be referred to the Army PDES:

- a. As soon as the treating military physician determines that the Soldier does not meet medical retention standards per AR 40-501 – Standards of Medical Fitness, Chapter 3.
- b. All Soldiers shall be referred for PDES evaluation within one year of the diagnosis of their medical condition if they are unable to return to military duty. IAW DODI 1332.38 (Reference e.).

#### **14. DECLINATION OF MRP:**

a. Entering MRP is voluntary.

b. Soldiers may decline moving from a 10 USC 12302 partial mobilization order to a 10 USC 12301(h) MRP order. A Soldier must sign a Declination of MRP Statement (See Enclosure 7 for sample and counseled by an individual knowledgeable in MRP, INCAP pay, and the TAMP if military medical authority advises the Soldier should be retained on active duty for further evaluation and treatment of an in the line of duty incurred illness, injury, or disease or aggravated preexisting conditions. A RC teaching tool is available in the WTU – RC Consolidated Guidance or online at the following Army G-1 web site to assist educating Soldiers and their leadership on MRP, INCAP pay, [http://www.armyg1.army.mil/wtu/docs/WTU\\_Reference\\_Sections.pdf](http://www.armyg1.army.mil/wtu/docs/WTU_Reference_Sections.pdf) and TAMP (<http://www.tricare.mil/factsheets/viewfactsheet.cfm?id=317>).

c. Soldiers that have submitted an MRP request packet may decline entering the program up to the time that MRP orders are published. To decline, the Soldier must sign a Declination of MRP Statement (See Enclosure 7 for sample).

#### **15. REQUEST TO WITHDRAW FROM MRP:**

a. HRC-A is the approval or denial authority for MRP REFRAD requests.

b. A Soldier may request to withdraw from MRP:

(1) During a 179-day MRP order, however, that approval is subject to the Army's needs and medical judgment. A request for REFRAD during a 179-day MRP order will be denied if the Soldier has not completed their medical care and if applicable the PDES process. In extreme circumstances, a waiver may be requested.

or

(2) At the end of a 179-day MRP order, even if the Soldier's medical care and if applicable, the PDES process is incomplete.

c. Withdrawal REFRAD request documents:

(1) For withdrawal REFRAD requests, the Soldier must submit a DA Form 4187 and MRP Withdrawal Statement (See Enclosure 7 for sample) through his or her chain of command to HRC-A Medical Cell requesting REFRAD.

(2) The Soldier signs the Withdrawal Statement (See Enclosure 7 for a sample) after counseling by an individual knowledgeable in MRP, INCAP pay, and the TAMP if military medical authority advises the Soldier should be retained on

active duty for further evaluation and treatment. A RC teaching tool is available in the WTU Consolidated Guidance or on-line at the following Army G-1 web site to assist educating Soldiers and their leadership on MRP, INCAP pay:

[http://www.armyg1.army.mil/wtu/docs/WTU\\_Reference\\_Sections.pdf](http://www.armyg1.army.mil/wtu/docs/WTU_Reference_Sections.pdf) and TAMP (<http://www.tricare.mil/factsheets/viewfactsheet.cfm?id=317>).

d. Upon REFRAD, the Soldier will return to their respective component control. Soldiers who require completion of any portion of the Army PDES and elect REFRAD will have a DA Form 3349, Physical Profile prepared that clearly indicates the diagnosis and status in the Army PDES process. A copy of DA Form 3349 will be given to the Soldier and his or her chain of command.

## **16. LINE OF DUTY INVESTIGATION (LDI):**

a. Line of duty determinations are essential for the protecting the interest of both the individual concerned and the U.S. Government where service is interrupted by injury, disease, or death. AR 600-8-4, Line of Duty Procedures and Investigations govern the Army's LDI policy.

b. If the Unit Commander where the Soldier was performing duty at the time of injury or illness or disease has not completed a LDI, it is the responsibility of the current Unit Commander, WTU Commander, or CBHCO Commander to ensure that a LDI is conducted IAW AR 600-8-4.

c. An interim LDI is valid for 60 days from date of incident for an informal LDI and 90 days for a formal LDI. If the Soldier is required to remain on MRP beyond 60 days or 90 days respectfully, the LDI must be completed and approved IAW AR 600-8-4 prior to continuation of MRP orders. In the event a LDI is not completed within the above-mentioned timeframes due to an ongoing investigation, the Soldier will not be penalized. HRC-A has the final authority to continue the Soldier on MRP orders if a LDI is incomplete.

d. Commanders must ensure a LDI is completed and approved for any RC Soldier who incurs or aggravates an injury, disease, or illness. If a Soldier is on active duty, the LDI determination will be made before a Soldier is released from active duty to prevent forfeiture of medical benefits and compensation.

## **17. MEDICAL REVIEW FOR MRP EXTENSIONS:**

a. The first 179 day extension of MRP orders is based upon the Soldier's Primary Care Manager's determination that the Soldier will not RTD or complete the PDES prior to the completion of the initial 179 day MRP order. Further medical review is not required.

b. The second and subsequent 179 day extension of MRP orders require an evaluation of the Soldier's progress, the applicability of the current location, and the concurrence of the DCCS.

#### **18. ESTIMATED TIME OF SEPARATION (ETS) OR MANDATORY REMOVAL DATE (MRD):**

A Soldier will be discharged on the expiration of his or her service obligation or upon reaching MRD unless action is taken to retain the Soldier beyond service expiration. Soldiers with a military physician's recommendation may volunteer to remain in the service beyond their ETS or MRD to undergo required health care or complete processing through the PDES. This retention can only be approved by HRC-A. The Soldier must consent to remain beyond ETS or MRD. The WTU (MHO) Commander will contact HRC-A for instructions to extend the Soldier at a minimum of 45 days prior to such ETS or MRD. DA Form 4836 (Oath of Extension of Enlistment or Reenlistment) in addition to DA FORM 4187 Personnel Action, must be completed, signed by the requesting Soldier and forwarded through the WTU (MHO) chain of command to HRC-A. HRC-A is the final authority to approve or decline extension requests. Forward requests to:

Human Resources Command - Alexandria  
ATTN: AHRC-PLM-MS  
200 Stovall Street  
Alexandria, VA 22332

#### **19. 18 YEARS ACTIVE FEDERAL SERVICE (AFS):**

Reserve Members in Active Status.— A reserve enlisted member serving in an active status who is selected to be involuntarily separated (other than for physical disability or for cause), or whose term of enlistment expires and who is denied reenlistment (other than for physical disability or for cause), and who on the date on which the member is to be discharged or transferred from an active status is entitled to be credited with at least 18 but less than 20 y(b) Reserve Members in Active Status.— A reserve enlisted member serving in an active status who is selected to be involuntarily separated (other than for physical disability or for cause), or whose term of enlistment expires and who is denied reenlistment (other than for physical disability or for cause), and who on the date on which the member is to be discharged or transferred from an active status is entitled to be credited with at least 18 but less than 20 years of service computed under section 12732 of this title, may not be discharged, denied reenlistment, or transferred from an active status without the member's consent before the earlier of the following:

- a. If as of the date on which the member is to be discharged or transferred from an active status the member has at least 18, but less than 19, years of service computed under section 12732 of this title— the date on which the member is entitled to be credited with 20 years of service computed under

section 12732 of this title; or the third anniversary of the date on which the member would otherwise be discharged or transferred from an active status.

b. If as of the date on which the member is to be discharged or transferred from an active status the member has at least 19, but less than 20, years of service computed under section 12732 of this title— the date on which the member is entitled to be credited with 20 years of service computed under section 12732 of this title; or the second anniversary of the date on which the member would otherwise be discharged or transferred from an active status.

## **20. EVALUATION REPORTS:**

Soldiers reassigned to the WTU or C2 element will require a change of duty evaluation report (both Officer and NCO, per the requirements of AR 623-3. Once assigned to the WTU, no evaluation is required. Time spent in the WTU will be non-rated. Evaluation Reports will reflect non-rated time (code P) IAW DA PAM 623-3, 15 May 2006 for Officers, Warrant Officers (table 2-9) and Enlisted (table 3-7).

## **21. PROMOTIONS:**

Soldiers remain otherwise fully eligible for promotion while assigned to Warrior Transition Units. Refer to AR 600-8-19 and the Army's Personnel policy Guidance (PPG) at the following website <http://www.armyg1.army.mil/MilitaryPersonnel/ppg.asp> for all related promotion policies.

## **22. PAY AND ENTITLEMENTS:**

a. **Soldiers** will remain under the Reserve Component Pay System. Soldiers on MRP orders will maintain their Basic Allowance for Housing (BAH) based on their residence zip code on original mobilization order IAW interim change to JFTR Volume 1, Chapter 10, and Soldiers will maintain Family Separation Allowance (FSA) if otherwise entitled DODFMR, Volume 7A, Chapter 27. Basic Allowance for Subsistence (BAS) will continue.

b. See MRP Annex 'C' for a pay and benefits chart.

## **23. LEAVE:**

a. Soldiers accumulate leave while on MRP active duty orders (IAW AR 600-8-10).

b. The WTU or CBHCO C2 element is encouraged to grant leave so long as it does not interfere with or extend the Soldier's:

- 1) Medical care,
- 2) Medical retention and evaluation process, or
- 3) Delay out-processing from MRP, (unless for transition leave).

c. Upon Soldiers' REFRAD or separation, unused leave may be sold back to Army Finance, if eligible. Transitional leave may be granted. Permissive TDY (PTDY) is **not** authorized.

d. HRC-A may extend MRP orders in order to complete approved *Transition leave* past the original anticipated MRP orders end-date.

**24. MRP AND FEDERAL COMPENSATION:** A Warrior in Transition [WT (MHO)] Soldier may not receive pay and benefits under MRP and any other federal or state benefits concurrently not permitted by law.

**25. UNIFORM CODE OF MILITARY JUSTICE (UCMJ):**

a. WT participating in MRP are subject to UCMJ.

b. The Commander of the WTU exercises UCMJ authority as per AR 27-10, Military Justice, Chapter 3-7 and installation policy. Courts-martial authority is as per installation policy.

c. The Commander of the CBHCO exercises UCMJ authority as per AR 27-10, Military Justice, Chapter 3-7 and MEDCOM policy. Courts-martial authority is as per MEDCOM policy.

**26. PREGNANCY AND THE WT: See eligibility section above.**

**27. REFRAD AND SEPARATION:**

a. Soldiers being REFRAD:

(1) When a Soldier has been medically cleared to return to duty, the Soldier's C2 element will forward the DA FORM 4187 requesting REFRAD (signed by the Company Commander) and a "fit-for-duty" (signed by the Soldier's primary care giver) to Human Resources Command - Alexandria, ATTN: AHRC-PL-M-MS, 200 Stovall Street, Alexandria, VA 22332.

(2) HRC-A will forward a REFRAD authorization memorandum to the supporting WTU and the Transition Center. Upon receipt of the REFRAD authorization memorandum, the WTU administrative specialist will coordinate with the Transition Center to process the Soldier's DD Form 214.



(3) The WTU administrative specialist will coordinate with the Installation Transition Center to publish the final DD 214 and the REFRAD order and make any corrections with supporting documents.

(4) The Transition Center will make the appropriate changes in Transition Processing (TRANSPOC) and review with the Soldier. The transition center will publish the final DD Form 214 and the REFRAD order (format 523) (when publishing the final DD Form 214 the “mobilization service 10 USC 12302” and the “MRP service 10 USC 12301(h)” will be listed as separate period in block 18 of the final DD Form 214).

(5) The Transition Center will mail copies 1 and 4 along with a copy of the REFRAD order to the Soldier’s address listed on the DD Form 214, and distribute other copies of the DD Form 214 as required to include the owning ARNG or USAR unit.

(6) The WTU administrative specialist is required to complete the eMILPO 5010 transaction. The Transition Center will forward a copy of the final DD Form 214 to the local finance office in order to stop the individual’s pay and allowances. The local finance office will complete either an A24 or 900 transaction in Defense Joint Military Pay System (DJMS) to stop the Soldier’s pay and allowances.

(7) The Soldier can be released to return to his unit with the faxed/emailed copy of the DD FORM 214 and REFRAD order.

b. Soldiers separated without Disability Benefits:

(1) When a Soldier has been processed through the PDES and is selected to separate without physical disability benefits the US Army PDA will input the Soldier’s personnel data into TRANSPROC.

(2) When the Installation Transition Center locates the Soldier’s information in TRANSPROC, the Transition Center will notify the WTU or C2 element. Upon notification, the WTU or C2 element will locate the Soldier and direct Soldier to begin transition proceedings. Soldiers residing on or near installations will report to the transition center, with their records, for out-processing within 24 hours of the notification. Soldiers attached to CBHCOs will follow MEDCOM WTU/CBHCO procedures.

(3) The Transition Center will publish the final DD Form 214 and the discharge order using Format 501 and the SPD Code will be JFP, (when publishing the final DD Form 214 the “mobilization service 10 USC 12302” and the “MRP service 10 USC 12301(h)” will be listed as separate periods in block 18 of the final DD Form 214).

(4) If the Soldier has 15/20 years of creditable Reserve service and is issued a 15/20 years “Notification for Retired Pay at Age 60” memorandum, and the Soldier requests to transfer to the Retired Reserve; the Soldier will be REFRAD using Format 523 order and transferred directly to the Retired Reserve.

(5) The Transition Center will mail copies 1 and 4 along with a copy of the REFRAD order to the Soldier’s address listed on the DD Form 214 and distribute other copies of the DD Form 214 as required (to include the parent ARNG or USAR unit).

(6) The Installation Adjutant General is required to complete the eMILPO 5010 transaction. The Transition Center will forward a copy of the final DD Form 214 to the local finance office in order to stop the individual’s pay and allowances. The local finance office will complete either an A24 or 900 transaction in DJMS to stop the Soldier’s pay and allowances.

c. Soldiers separated with Disability Severance Pay:

- (1) When the PDES processed a Soldier and the Soldier will be separated with Severance Pay, the PDA will input the Soldier’s personnel data into TRANSPROC.
- (2) When the Installation Transition Center locates the Soldier’s information in TRANSPROC, the Transition Center will notify the WTU or C2 element. Upon notification, the WTU or C2 element will locate the Soldier and direct the Soldier to begin transition proceedings. Soldiers residing on or near installations will report to the Transition Center, with their records, for out-processing within 24 hours of the notification. Soldiers attached to CBHCOs will follow OTSG/MEDCOM WTU/CBHCO procedures.
- (3) The Transition Center will publish the final DD Form 214 and the discharge order using Format 501 and the SPD Code will be JFL, (when publishing the final DD Form 214 the “mobilization service 10 USC 12302” and the “MRP service 10 USC 12301(h)” will be listed as separate periods in block 18 of the final DD Form 214).
- (4) If the Soldier has 20 years of creditable Reserve service and has been issued a 15/20 years “Notification for Retired Pay at Age 60” memorandum and requests to be transferred to the Retired Reserve, the Soldier will be REFRAD using Format 523 orders and transferred directly to the Retired Reserve.
- (5) The Transition Center will mail copies 1 and 4 along with a copy of the REFRAD order to the Soldier’s address listed on the DD Form 214 and distribute all other copies of the DD Form 214 as required.

- (6) The Installation Adjutant General is required to complete the eMILPO 5010 transaction. The Transition Center will forward a copy of the final DD Form 214 to the local finance office in order to stop the individual's pay and allowances. The local finance office will complete either an A24 or 900 transactions in DJMS to stop the Soldier's pay and allowances.
- (7) The disability severance pay transaction will be input before the soldier departs the active army installation or the CBHCO.

d. Soldiers separated to the TDRL/ Permanent Disability Retirement List (PDRL):

- (1) When a Soldier has been processed through the PDES and is to be separated to the TDRL/PDRL, the US Army PDA will input the Soldier's personnel data into TRANSPROC.
- (2) When the Installation Transition Center locates the Soldier's information in TRANSPROC the Transition Center will notify the WTU or C2 element. Once notified, the WTU (MRPU) or C2 element will locate the Soldier and direct Soldier to begin transition proceedings. Soldiers residing on or near installations will report to the Transition Center, with their records, for out-processing within 24 hours of the notification. Soldiers attached to CBHCOs will follow MEDCOM WTU/CBHCO procedures.
- (3) The Transition Center will publish the final DD Form 214 and a retirement order using Format 430 (reassignment for separation processing) and Format 610(TDRL) or 612(PDRL) and the SPD Code will be SFK (TDRL) or SFJ (PDRL). When publishing the final DD Form 214 the "mobilization service 10 USC 12302" and the "MRP service 10 USC 12301(h)" will be listed as separate periods in block 18 of the final DD FORM 214.
- (4) The Transition Center will mail copies 1 and 4 along with a copy of the retirement order to the Soldier's address listed on the DD FORM 214 and distribute all copies of the DD FORM 214 as required.
- (5) The Installation Adjutant General is required to complete the eMILPO 5010 transaction. The Transition Center will forward a copy of the final DD FORM 214 to the local finance office in order to stop the individual's pay and allowances. The local finance office will complete either an A24 or 900 transaction in DJMS to stop the Soldier's pay and allowances.

**28. APPEALS AND EXCEPTIONS PROCESS FOR WARRIORS in TRANSITION (WT)**

- a. The Warrior Transition Unit – RC Consolidated Guidance (WTU-CG) outlines the policies for the Warrior in Transition (WT) programs consisting of

the Medical Retention Processing (MRP) and Medical Retention Processing 2 (MRP2) programs. These programs were established to provide medical care for RC Soldiers who incurred medical conditions in support of GWOT. Applications must be submitted as outlined in this guidance.

b. In addition, the WTU CG outlines the policies for the Active Duty Medical Extension (ADME) program. This program was established to provide medical care for RC Soldiers with a documented in the line of duty incurred or aggravated injury, illness, or disease non-GWOT.

c. Exceptions to the existing policies can be requested as outlined below in 'The WTU Exception Process'. Appeals to decisions rendered can be submitted as outlined below in 'The WTU Appeal Process'.

d. An incomplete application will not be processed. The identified missing administrative or medical documents/information will be noted and the Soldier will be notified through their chain of command. The identified missing documents/information must be resubmitted through HRC-A by the identified suspense date.

#### **28-1. WTU Exception Process:**

- a. For purposes of documentation, the WTU-Consolidated Guidance defines '**EXCEPTION**' as a request by the Soldier to waive a rule or policy statement based on mitigating or exceptional circumstances.
- b. The routing for exception requests to established WTU and ADME policy will be through HRC-A to HQDA, G1(DAPE-MPE-IP), Attn. WTU/ADME Exception, Room 1C449, 300 Army Pentagon, Washington DC, 20310.

##### **(1) The process for exceptions will be as follows:**

- a) Soldier requests an exception utilizing the '**Exception request form**' (enclosure 9), to established policy through their chain of command. A cover letter detailing the individual's situation and reason for exception request must be submitted along with all appropriate packet documentation to HRC-A.
- b) HRC-A will review the packet for completeness and submit it to HQDA G1 for review.
- c) HQDA G-1 will process the exception request and provide an approval/disapproval to HRC-A within five business days.
- d) HRC-A will notify the Soldier through their chain of command of the decision.

##### **(2) Approval of an exception request:**

If the request for exception is approved, HRC-A will notify the Soldier through their chain of command. The effective order date will

be the date HRC-A first received a complete application from the Soldier. HRC-A will notify the Soldier of the order effective date and where and when the Soldier is to report.

### **(3) Denial of an exception request:**

If the request for exception is denied, HRC-A will notify the Soldier through the chain of command that the exception is denied. The Soldier may appeal a denial of an exception to Army HQDA, G1 (DAPE-MPE-IP), Attn. Branch Chief, WTU/ADME Exception Appeal, Room 1C449, 300 Army Pentagon, Washington DC, 20310. The unit commander must counsel the Soldier and document the counseling session and keep a copy in the Soldier's personnel file.

## **28-2. WTU Resubmission Process:**

For purposes of documentation in the WTU- RC Consolidated Guidance, defines **RESUBMISSION** as a request by the Soldier to have their original disapproved packet reviewed again with **additional documentation**.

- a. The Resubmission process will originate with the Soldier and sent through the chain of command to HRC-A.
- b. The Soldier will submit a letter (in a simple format, not in a memorandum format), along with the 'Resubmission request form' (enclosure 9), all the original documentation in the initial application submitted to HRC-A **and any new documents** the Soldier has available, through the company commander or CMO (Career Management Officer).
- c. The Soldier's company commander/CMO will attach a cover letter and forward the complete Resubmission packet to the next level as appropriate. The Soldier's unit commander/CMO must forward the packet within five business days.
- d. Once a packet is sent to the next level, the company commander will inform the Soldier (through the Soldier's AKO account). USAR unit commanders will submit the packet through their respective RRC (or relevant command) to HRC-A at the above address.
- e. NG unit commanders will submit the packet through their respective State National Guard Bureau (NGB) to the Chief, Army NGB [The National Guard Bureau](#), 11411 Jefferson Davis Highway, Arlington VA 22202-3231. Chief, Army NGB will forward the packet with a cover letter to HRC-A at the above address.
- f. IRR Soldiers will use HRC-St. Louis as their chain of command, the Soldier's CMO will process the application within five business days and forward directly to HRC-A. The CMO will attach a cover letter signed by the first officer in the chain of command.

- g. There is no legal limit on the number of submissions, however, unless the original packet contains new information that will specifically address the reason/s for the original packet's rejection, the Soldier best course of action would be to request an exception or to appeal.

### **28-3. WTU Appeal Process:**

- a. For purposes of documentation in the WTU Consolidated Guidance, **'APPEAL'** will be defined as a request by the Soldier to have their application packet reviewed by a higher level of authority (i.e. HQDA G1 or WTU Physician Consultant) following a disapproval by the initial level of authority (i.e. HRC Alexandria or MRB). The appeal should include all originally submitted documentation for the specific program. An appeal will have **no new documentation.**
- b. The WTU - RC appeal process is a two-track process, an administrative track and a medical track.
- c. The administrative track will process all appeals specific to administrative issues (i.e. packets received outside identified application window, packets lacking required administrative documentation, such as LOD etc.).
- d. The medical track will process all appeals specific to medical issues (i.e. denial of an application due to a preexisting condition, lack of medical documentation, etc.).

**(1) The administrative appeal track**, the process for administrative appeal track will be as follows:

- a) The administrative appeal track will originate with the Soldier and be sent through the chain of command to HRC-A. This appeal will then be forwarded to Army HQDA, G1 (DAPE-MPE-IP), Attn. WTU (MHO)/ADME Appeal, Room 1C449, 300 Army Pentagon, Washington DC, 20310.
- b) The Soldier will submit a letter (in a simple format, not in a memorandum format), along with all documentation originally submitted to HRC-A, the initial application, **the 'Appeals request form' (enclosure 9)** through the company commander or CMO (Career Management Officer). **Appeal cases will NOT include any new documents.**
- c) The Soldier's company commander/CMO will attach a cover letter and forward the complete appeal packet to the next level as appropriate. The Soldier's unit commander/CMO must forward the packet within five business days.
- d) Once the packet is sent to the next level, the company commander will inform the Soldier (through the Soldier's AKO account). USAR unit

commanders will submit the packet through their respective RRC (or relevant command) to HQDA, G1 at the above address.

- e) NG unit commanders will submit the packet through their respective State National Guard Bureau (NGB) to the Chief, Army NGB [The National Guard Bureau](#), 11411 Jefferson Davis Highway, Arlington VA 22202-3231. Chief, Army NGB will forward the packet with a cover letter to HQDA, G1 at the above address.
- f) HQDA, G1 is the only Army office authorized to accept or deny any administrative appeals.
- g) IRR Soldiers will use HRC-St. Louis as their chain of command, the Soldier's CMO will process the application within five business days and forward directly to HQDA, G1. The CMO will attach a cover letter signed by the first officer in the chain of command.

**(2) Approval of an administrative appeal:**

- a) An approval of an administrative appeal does not mean that the Soldier met the medical criteria for admission into the WTU process. Once an administrative appeal is approved, HQDA, G1 will forward the packet to HRC-A for processing and review by the Medical Review Board (MRB).
- b) A determination by the MRB that the Soldier is medically qualified for WTU will be completed with 5 business days. This determination will result in orders being published by HRC-A.
- c) The effective order date will be the date HRC-A first received a complete packet from the Soldier. HRC-A will notify the Soldier of the order effective date and where and when the Soldier is to report.

**(3) Denial of an administrative appeal:**

- a) HQDA, G1 will send denials of an administrative appeal to HRC-A. HRC-A will forward the decision to the Soldier through the Soldier's chain of command.
- b) The Soldier's unit commander must counsel the Soldier about his appeal denial and that the Soldier has an option to appeal through the Army Board for Correction of Military Records (ABCMR) at [http://arba.army.pentagon.mil/abcmr\\_app\\_proc.htm](http://arba.army.pentagon.mil/abcmr_app_proc.htm). The unit commander must document the counseling session and keep a copy in the Soldier's personnel file.

**(4) The medical appeal track:**

- a) The Soldier will initiate all medical appeals through the chain of command to HRC-A. The appeal will then be forwarded to the Office of the Surgeon General (OTSG), WTU Physician Consultant, Dept. of

the Army Pentagon, Attn: DASG-ZH, 800 Army Pentagon, Room 2A486, Washington, DC 20310-0800.

- b) The Soldier wishing to appeal a MRB decision will initiate the appeal process through the chain of command. The Soldier will submit a letter (in a simple format, not in a memorandum format) with all documentation originally submitted to HRC-A for review by Office of the Surgeon General (OTSG), WTU Physician Consultant at the above address.
- c) The Soldier's company commander will attach a cover letter and forward the complete appeals packet to the next level as appropriate. The Soldier's unit commander must forward the packet within five business days. IRR Soldiers will use HRC-St. Louis as their chain of command.
- d) Once the packet is sent to the next level, the company commander will inform the Soldier (through the Soldier's AKO account). USAR unit commanders will submit the packet through their respective RRC (or relevant command) to OTSG at the above address. NG unit commanders will submit the packet through their respective state National Guard Bureau (NGB) to the Chief, Army NGB [The National Guard Bureau](#), 11411 Jefferson Davis Highway, Arlington VA 22202-3231. Chief, Army NGB will forward the packet with a cover letter to the Office of the Surgeon General (OTSG), WTU Physician Consultant at the above address.

**(5) Approval of a medical appeal:**

- a) An approval of a medical appeal means that the Soldier met all administrative and medical criteria for admission into the WTU process. Once a medical appeal is approved, the WTU Physician Consultant will forward the packet to HRC-A within five business days for processing. This determination will result in orders being published by HRC-A.
- b) The effective order date will be the date HRC-A first received a complete packet from the Soldier. HRC-A will notify the Soldier of the order effective date and where and when the Soldier is to report.

**(6) Denial of a medical appeal:**

- a) OTSG, WTU Physician Consultant will send denials of a medical appeal to HRC-A.
- b) HRC-A will forward the decision to the Soldier through the Soldier's chain of command.
- c) The Soldier's unit commander must counsel the Soldier that the appeal was denied and that the Soldier has an option to appeal through ABCMR at [http://arba.army.pentagon.mil/abcmr\\_app\\_proc.htm](http://arba.army.pentagon.mil/abcmr_app_proc.htm). The



unit commander must document the counseling session and keep a copy in the Soldier's personnel file.

### **28-3. Duplicate appeals, complaints or intervention requests.**

- a) A Soldier must notify HQDA, G1 of any other previously filed appeals complaints or intervention requests other than the current appeal. For example, IG complaints, appeals for congressional intervention, etc. The reason is to eliminate duplication of investigation and encourage coordination between the various agencies.
- b) Once HQDA, G1 or OTSG, WTU Physician Consultant denies an appeal, the Soldier may not appeal the same case again to HQDA, G1 or to the OTSG, WTU Physician Consultant. The Soldier, if they wish to appeal again, must do so through ABCMR.
- c) Any Soldier is entitled to appeal a denial by HQDA, G1 or OTSG's, WTU Physician Consultant to ABCMR at [http://arba.army.pentagon.mil/abcmr\\_app\\_proc.htm](http://arba.army.pentagon.mil/abcmr_app_proc.htm).

## **29. RECORDS MOVEMENT:**

a. Soldier's Records. Personnel and Medical records will be transferred to the Soldier's installation of assignment. The WTU will be responsible for disposition of the Soldiers' records as follows:

(1) Soldiers will not hand carry their medical records. The Soldier will be given a copy of the medical record with the original to follow. The original medical record will be sent from the losing installation to the MTF via mail IAW AR 40-66.

(2) Personnel Records will be managed by hard copy or scanned files. One copy of the personnel record will be made. The original personnel record will be included with medical records in the mail package and the copy will be hand-carried by the Soldier.

b. Final Disposition of Records will be as follows:

(1) REFRAD: The Soldier's records will be returned to the Soldier's RC records custodian.

(2) Separation:

(a) Personnel records will be forwarded to the Army Human Resources Command – St. Louis, ATTN: AHRC-CIS-PV, 1 Reserve Way, St. Louis, Missouri 63132-5200. A copy of the Separation order and DD Form 214 must be included with the personnel records. Soldiers will be given a copy of their retirement order and DD Form 214.

(b) Medical Records will be forwarded to the Department of Veterans Affairs, Records Management Center, P.O. Box 5020, St. Louis, MO 63115-5020.

(3) Retirement. The Soldier's personnel and medical records will be forwarded to the Transition Center processing the Soldier's retirement. Soldiers will be given a copy of their REFRAD order and DD Form 214.

**30. INCAPACITATION (INCAP) PAY:** Soldiers on active duty under orders for a period of more than 30 days who would otherwise be retained on orders due to an in the line of duty incurred illness, injury, or disease or aggravated preexisting conditions, but elect to decline MRP and leave active duty, may be entitled to INCAP pay. A Soldier cannot draw INCAP pay and concurrently be in the MRP program. See AR 135-381, Incapacitation of Reserve Component Soldiers and SOSI 1241.2 for details on INCAP pay.

**31. ACTIVE DUTY MEDICAL EXTENSION (ADME) PROGRAM:** Soldiers currently on active duty, or have REFRAD from 10 USC 12302 partial-mobilization orders for GWOT contingency operations are not eligible for consideration for the ADME program.

**32. TRANSITIONAL ASSISTANCE MANAGEMENT PROGRAM (TAMP):**

a. All RC Soldiers who have served on Active Duty for more than 30 days in support of a contingency operation are authorized TAMP benefits for 180 days after REFRAD. The 180 day period of TAMP eligibility applies to all RC Soldiers who REFRAD on or after 6 November 2003. Care under the TAMP is limited to a continuous 180 day period only that begins immediately upon REFRAD. Information is available at <http://www.tricare.osd.mil/reserve/>

b. For Soldiers transitioning directly from a partial mobilization order to the MRP program, the TAMP begins upon REFRAD from the MRP program.

**33. POINTS OF CONTACT (POC):**

a. HRC-A, Chief of Medical Support Services Division,, DSN 221-4575/6327/9899/9902/9903 or COM (703) 325-4575/1865/3746/6708/6577, [rcmedicalretention@conus.army.mil](mailto:rcmedicalretention@conus.army.mil)

b. ASA (M&RA), WTU Team, DSN 223-3279 or COM (703) 602-3279.

c. HQDA G-1, Medical Policy, DSN 223-7874 or COM 703-695-7874.

e. Installation Management Agency, Military Personnel Division, DSN 332-3311 or COM (703) 602-3311.

- f. MEDCOM / OTSG, The Office of the Assistant Surgeon General for Force Projection, DSN 223-5601, COM (703) 693-5601.
- g. PDA, COM (202) 782-3041.
- h. NGB, Chief of Clinical Services, DSN 327-7143 or COM (703) 607-7143.
- i. USARC, Surgeon Office, AFRC-MD, DSN 367-8212/8216, COM (404) 464-8212/8216.
- j. HRC-STL, AHRC-SG, 1 Reserve Way, St. Louis, MO 63132-5200, DSN 892-0392, COMM (314) 592-0392.
- k. United States Army Finance Command (USAFINCOM), DSN 699-6910/3016/2223, COM (317) 510-6910/3016/2223.
- l. DFAS Ombudsman Team, DSN 699-3294/3989, COM (317) 510-3294/3989.

### **34. GLOSSARY:**

AC	Active Component
AD	Active Duty (means full-time duty in the active military service)
AGR	Active Guard and Reserve
AHLTA	Armed forces Health Longitudinal Technology Application
ALARACT	All Army Activities
AORS	ARPERCEN Orders and Resource System
AR	Army Regulation
ARNG	Army National Guard
ARNGUS	Army National Guard of the United States
ARIMS	Army Records Information Management System
ASA (M&RA)	Assistant Secretary of the Army (Manpower and Reserve Affairs)
ADME	Active Duty Medical Extension
BAH	Basic Allowance for Housing
BAS	Basic Allowance for Subsistence
BASOPS	Base Operations
C2	Command and Control
CAR	Chief, Army Reserve
CBHCI	Community Based Health Care Initiative
CBHCO	Community Based Health Care Operations
CIP	Combat-Related Injury Rehabilitation Pay
CNGB	Chief, National Guard Bureau
CONUS	Continental United States
COTTAD	Contingency Operations Temporary Tour of Active Duty
DCCS	Deputy Chief Clinical Services
DCS	Deputy Chief of Staff
DEERS	Defense Enrollment Eligibility Report System

DES	Defense Enrollment Eligibility Report System
DFAS	Defense Finance and Accounting Service
DFAS-IN	Defense Finance and Accounting Service-Indiana
DJMS	Defense Joint Military Pay System
DOD	Department of Defense
DODD	Department of Defense Directive
DODFMR	Department of Defense Financial Management Regulation
DODI	Department of Defense Instruction
eMILPO	Electronic Military Personnel Office
ETS	Estimated Time of Separation
FCP	Family Care Plans
FORSCOM	Forces Command
FRAGO	Fragmentary Order
FSA	Family Separation Allowance
GWOT	Global War on Terrorism
HRC-A	Human Resources Command-Alexandria
HRC-STL	Human Resources Command-St Louis
HQDA	Headquarters, Department of the Army
IAW	In Accordance With
IMCOM	Installation Management Command
IMIT	Information Management/Information Technology
ITA	Invitational Travel Authorizations
<b>ITP</b>	<b>Individual transition plans</b>
JFHQ	Joint Field Headquarters
LDI	Line of Duty Investigation
MACOM	Major Army Command
MEB	Medical Evaluation Board
MEDCOM	Medical Command
MEDEVAC	Medical Evacuation
<b>MH</b>	<b>Med Hold (changed to WTU)</b>
MHO	Medical Holdover (changed to WTU)
MODS	Medical Operational Data System
MRD	Mandatory Removal Date
MRP	Medical Retention Processing
MRP2	Medical Retention Processing 2
MRPU	Medical Retention Processing Unit (changed to WTU)
NARSUM	Narrative Summary
NCOER	Noncommissioned Officer Evaluation Report
NGB	National Guard Bureau
NGR	National Guard Regulation
OER	Officer Evaluation Report
OCONUS	Outside the Continental United States
OPORD	Operations Order
OSA	Office of the Secretary of the Army
OSD	Office of the Secretary of the Defense
OTSG	Office of the Surgeon General

PAD	Patient Administration Department
PDA	Physical Disability Agency
PDES	Physical Disability Evaluation System
PEB	Physical Evaluation Board
PEBLO	Physical Evaluation Board Liaison Officer
POC	Point of Contact
PTSD	Post Traumatic Stress Disorder
QA	Quality Assurance
RC	Reserve Component
REFRAD	Release from Active Duty
RMC	Regional Medical Command
RRC	Regional Readiness Command
RTD	Return to Duty
SAR	System Analysis and Review
SFAC	Soldier Family and Assistance Center
SOP	Standard Operating Procedure
SRP	Soldier Readiness Processing
TAMP	Transitional Medical Benefits
TDRL	Temporary Disability Retirement List
TMA	TRICARE management activity
TRANSPOC	Transition Processing
UCMJ	Uniformed Code of Military Justice
USAR	United States Army Reserve
WIA	Wounded in Action
WT	Warrior in Transition
WTU	Warrior Transition Unit (previously MHO)

**35. ENCLOSURES FOR MRP PACKETS:**

**MRP ENCLOSURE 1 – Medical Retention Processing (MRP) Program Cover Letter**

REQUESTING UNIT'S LETTERHEAD

OFFICE SYMBOL

DATE

MEMORANDUM FOR Human Resources Command – Alexandria,  
Attn: AHRC-PL-M-MS, 200 Stovall Street, Alexandria, VA 22332  
<mailto:rcmedicalretention@conus.army.mil>

SUBJECT: Request for Medical Retention Processing MRP Status for:

\_\_\_\_\_  
(Print Soldier's name, rank, and Social Security Number)

1. The above named Soldier has been counseled about the MRP and the Incapacitation Pay (INCAP) program and desires to continue on active duty under the provisions of the MRP.
2. This MRP packet has been reviewed for completeness and is submitted for your review and approval.
3. I verify that this Soldier was mobilized on contingency operation orders and that his/her medical condition(s) are a result of the mobilization tour and were sustained or aggravated in the line of duty. I further verify that this Soldier is not currently undergoing any UCMJ or adverse administrative actions. I recommend that this Soldier remain on active duty under provisions of MRP.
4. Point of contact (POC) for this action is:

\_\_\_\_\_  
(Print POC's name, phone number, and email address)

Encl  
MRP Packet

Commander's Name  
Signature Block

## MRP ENCLOSURE 2 – MEDICAL RETENTION PROCESSING (MRP) INITIAL PACKET CHECKLIST

**NOTE: Where required, signatures and contact information must be included or packet processing will be delayed.**

\_\_\_\_\_ MRP Unit Cover Letter. **Must be in MRP format.**

\_\_\_\_\_ MRP Initial Packet Checklist. **Must be in MRP format.**

\_\_\_\_\_ Completed DA FORM 4187 – Request For Personnel Action. **Must be in MRP initial request format.**

\_\_\_\_\_ Applicant Counseling Statement. **Must be in MRP format.**

\_\_\_\_\_ Leave Statement of Understanding. **Must be in MRP format.**

\_\_\_\_\_ Copies of all mobilization orders and amendments.

\_\_\_\_\_ DA FORM 3349 – Physical Profile.

### **If available:**

\_\_\_\_\_ Approved Line Of Duty (if available), completed as per AR 600-8-4.

\_\_\_\_\_ Release from active duty order and DD FORM 214 – Certificate of Release or Discharge from Active Duty.

\_\_\_\_\_ DD FORM 2795 – Pre-deployment Health Assessment.

\_\_\_\_\_ DD FORM 2796 – Post-deployment Health Assessment.

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Has the Soldier participated in any of the following programs? (Circle one or more):

ADME    INCAP    MRP    MRP2

Does the Soldier have any current Uniform Code of Military Justice (UCMJ) or adverse administrative actions pending?

(Circle one)    YES    NO

Unit Point of CONTACT (POC) completing this MRP packet (PRINT INFORMATION):

Rank / Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Phone and Email contact information: \_\_\_\_\_

### MRP ENCLOSURE 3 – Medical Retention Processing (MRP) Order Extension Packet Checklist

**NOTE: Where required, signatures and contact information must be included or packet processing will be delayed.**

\_\_\_\_\_ MRP Unit Cover Letter. **Must be in MRP format.**

\_\_\_\_\_ MRP Extension Packet Checklist. **Must be in MRP format.**

\_\_\_\_\_ Completed DA FORM 4187 – Request For Personnel Action. **Must be in MRP extension format.**

\_\_\_\_\_ Provider Statement. **Must be in MRP format.**

---

Does the Soldier have any current Uniform Code of Military Justice (UCMJ) or adverse administrative actions pending? (Circle one)    YES    NO

Unit point of contact (POC) completing this MRP packet (PRINT information):

Rank / Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Phone: \_\_\_\_\_

AKO email contact information: \_\_\_\_\_@us.army.mil



# MRP ENCLOSURE 4A – Medical Retention Processing (MRP) DA Form 4187 Initial Packet Format

Copy 1		Copy 2		Copy 3		Copy 4	
<b>PERSONNEL ACTION</b>							
For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER							
<b>DATA REQUIRED BY THE PRIVACY ACT OF 1974</b>							
<b>AUTHORITY:</b>		Title 5, Section 3012; Title 10, USC, E.O. 9397.					
<b>PRINCIPAL PURPOSE:</b>		Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).					
<b>ROUTINE USES:</b>		To initiate the processing of a personnel action being requested by the soldier.					
<b>DISCLOSURE:</b>		Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.					
1. THRU (Include ZIP Code)		2. TO (Include ZIP Code) Human Resource Command-Alexandria ATTN: AHRC-PLM-MS 200 Stovall Street ALEXANDRIA, VA 22332			3. FROM (Include ZIP Code)		
<b>SECTION I - PERSONAL IDENTIFICATION</b>							
4. NAME (Last, First, MI)		5. GRADE OR RANK/PMOS/AOC			6. SOCIAL SECURITY NUMBER		
<b>SECTION II - DUTY STATUS CHANGE (AR 600-8-6)</b>							
7. The above soldier's duty status is changed from <u>PARTIAL MOBILIZATION (12302) ORDERS</u> to <u>MRP 12301(h)</u> effective _____ hours, _____							
<b>SECTION III - REQUEST FOR PERSONNEL ACTION</b>							
8. I request the following action: (Check as appropriate)							
<input type="checkbox"/> Service School (Enl only)		<input type="checkbox"/> Special Forces Training/Assignment			<input type="checkbox"/> Identification Card		
<input type="checkbox"/> ROTC or Reserve Component Duty		<input type="checkbox"/> On-the-Job Training (Enl only)			<input type="checkbox"/> Identification Tags		
<input type="checkbox"/> Volunteering For Oversea Service		<input type="checkbox"/> Retesting in Army Personnel Tests			<input type="checkbox"/> Separate Rations		
<input type="checkbox"/> Ranger Training		<input type="checkbox"/> Reassignment Married Army Couples			<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS		
<input type="checkbox"/> Reassignment Extreme Family Problems		<input type="checkbox"/> Reclassification			<input type="checkbox"/> Change of Name/SSN/DOB		
<input type="checkbox"/> Exchange Reassignment (Enl only)		<input type="checkbox"/> Officer Candidate School			X Other (Specify) <b>REQUEST MRP</b>		
<input type="checkbox"/> Airborne Training		<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members					
9. SIGNATURE OF SOLDIER (When required)					10. DATE (YYYYMMDD)		
<b>SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)</b>							
PARENT UNIT: _____ UIC: _____ POC: _____ UNIT PHONE: _____ UNIT EMAIL: _____ HOR: _____ CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____ ALTERNATE PHONE: _____ AKO EMAIL: _____ SEX: _____ PEBD: _____ DOR: _____ MRD/ETS: _____							
<b>SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL</b>							
11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -							
<input type="checkbox"/> HAS BEEN VERIFIED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> IS APPROVED <input type="checkbox"/> IS DISAPPROVED							
12. COMMANDER/AUTHORIZED REPRESENTATIVE			13. SIGNATURE			14. DATE (YYYYMMDD)	

DA FORM 4187, JAN 2000

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USAPA V1.00

# MRP ENCLOSURE 4B – Medical Retention Processing (MRP) DA FORM 4187 Extension Packet Request Format

Copy 1		Copy 2		Copy 3		Copy 4	
<b>PERSONNEL ACTION</b>							
For use of this form, see AR 600-8-6 and IIA PAM 600-8-21; the proponent agency is ODCSPER							
<b>DATA REQUIRED BY THE PRIVACY ACT OF 1974</b>							
<b>AUTHORITY:</b>		Title 5, Section 3012; Title 10, USC, E.O. 9397.					
<b>PRINCIPAL PURPOSE:</b>		Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).					
<b>ROUTINE USES:</b>		To initiate the processing of a personnel action being requested by the soldier.					
<b>DISCLOSURE:</b>		Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.					
1. THRU (Include ZIP Code)		2. TO (Include ZIP Code) HUMAN RESOURCES COMMAND 200 STOVALL STREET ATTN: AHRC-PL-M-MS ALEXANDRIA, VA 22332			3. FROM (Include ZIP Code)		
<b>SECTION I - PERSONAL IDENTIFICATION</b>							
4. NAME (Last, First, MI)		5. GRADE OR RANK/PMOS/AOC			6. SOCIAL SECURITY NUMBER		
<b>SECTION II - DUTY STATUS CHANGE (AR 600-8-6)</b>							
7. The above soldier's duty status is changed from <u>N/A</u> to _____ effective _____ hours, _____							
<b>SECTION III - REQUEST FOR PERSONNEL ACTION</b>							
8. I request the following action: (Check as appropriate)							
<input type="checkbox"/> Service School (Enl only)		<input type="checkbox"/> Special Forces Training/Assignment			<input type="checkbox"/> Identification Card		
<input type="checkbox"/> ROTC or Reserve Component Duty		<input type="checkbox"/> On-the-Job Training (Enl only)			<input type="checkbox"/> Identification Tags		
<input type="checkbox"/> Volunteering For Oversea Service		<input type="checkbox"/> Retesting in Army Personnel Tests			<input type="checkbox"/> Separate Rations		
<input type="checkbox"/> Ranger Training		<input type="checkbox"/> Reassignment Married Army Couples			<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS		
<input type="checkbox"/> Reassignment Extreme Family Problems		<input type="checkbox"/> Reclassification			<input type="checkbox"/> Change of Name/SSN/DOB		
<input type="checkbox"/> Exchange Reassignment (Enl only)		<input type="checkbox"/> Officer Candidate School			X <b>REQUEST MRP EXTENSION</b>		
<input type="checkbox"/> Airborne Training		<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members					
9. SIGNATURE OF SOLDIER (When required)					10. DATE (YYYYMMDD)		
<b>SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)</b>							
PARENT UNIT UIC: _____ POC: _____							
UNIT PHONE: _____ UNIT EMAIL: _____							
HOR: _____		CITY: _____		STATE: _____		ZIP: _____	
HOME PHONE: _____ ALTERNATE PHONE: _____							
AKO EMAIL: _____							
SEX: _____		PEBD: _____		DOR: _____		MRD/ETS: _____	
<b>SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL</b>							
11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -							
<input type="checkbox"/> HAS BEEN VERIFIED		<input type="checkbox"/> RECOMMEND APPROVAL		<input type="checkbox"/> RECOMMEND DISAPPROVAL		<input type="checkbox"/> IS APPROVED <input type="checkbox"/> IS DISAPPROVED	
12. COMMANDER/AUTHORIZED REPRESENTATIVE		13. SIGNATURE:			14. DATE (YYYYMMDD)		

DA FORM 4187, JAN 2000

PREVIOUS EDITIONS ARE OBSOLETE

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## **MRP ENCLOSURE 5 – Medical Retention Processing (MRP) Soldier Counseling**

1. I, (PRINT NAME), \_\_\_\_\_ (SSN), \_\_\_\_\_ request orders to remain on active duty to receive medical care for documented unresolved injury(s), illness or disease incurred while on active duty mobilization orders.
2. I understand that I will be assigned to an Army installation command and control unit that is co-located with an Army Medical Treatment Facility (MTF) that can provide the necessary medical care for my evaluation, treatment, and if required, processing through the Army PDES. This installation might not be the closest to my home. I might be required to perform “duty at” a unit other than my unit of assignment (Active Component/Regular Army or Reserve Component). I understand that my duty location when not undergoing actual medical care will be determined by my active duty command, and will not violate my approved physical profile.
3. I understand that while participating in MRP, I will be evaluated for and treated for illness, injury, or disease that is the reason to continue on to active duty. I am not eligible for elective surgery.
4. While on active duty, I am subject to the Uniform Code of Military Justice (UCMJ) and applicable laws and regulations that govern my duty, actions, conduct, performance, responsibilities and obligations.
5. The following are my responsibilities, as I understand them:
  - a. I will report for duty on the date and time specified on my orders. My duty station will be the unit of assignment designated by my orders.
  - b. I will ensure that I clearly understand my chain of command at my new duty station.
  - c. I will keep my chain of command informed of all medical appointments. Medical appointments are my designated place of duty on the specified date and time.
  - d. I will attend all medical appointments unless circumstances arise which are clearly beyond my control and the appropriate authority has approved changes.
  - e. Failure to report to my appointed place of duty, attend medical appointments as required or to keep my chain of command informed of my duty status may result in UCMJ action and possible Release From Active Duty (REFRAD) with loss of post REFRAD medical benefits. REFRAD will be conducted in accordance with AR 600-8-101.
6. I understand leave will accrue while in an MRP status. Leave is authorized if it does not interfere with, delay, or extend my medical treatment plan, or delay out-processing from

MRP, or, if applicable, the PDES process. Transition leave may be authorized for Soldiers separating. Unused leave may be sold back, if eligible. Permissive TDY (PTDY) is **not** authorized.

7. I understand I will accrue retirement points while in an MRP status.
8. I understand I may compete for promotion on the Reserve Active Status List (RASL) for not more than 3 years or from the date ordered to Active Duty.
9. I understand upon completion of my medical treatment and /or PDES action I will be REFRAD or separated from the Army.
10. I understand that when on active duty under MRP status, I am not entitled to Permanent Change of Station (PCS) entitlements.
11. I understand that I will receive per diem while in MRP only if I reside away from home and government quarters are not available and a certificate of non-availability is issued by installation housing.
12. I understand that I will receive Basic Allowance for Housing (BAH) / Basic Allowance for Subsistence (BAS) entitlements. BAH is based on Home of Record (HOR) zip code.
13. I understand that once MRP orders are issued, I am required to serve on active duty until REFRAD or separated. I understand that I may request early REFRAD in accordance with Army policy and procedures, but that approval is subject to the Army's needs. I understand that I will be required to complete the PDES process if I REFRAD early
14. I understand I may not receive pay and benefits under the MRP program and any other federal or state benefits concurrently not permitted by law. This includes Veterans Administration disability.
15. If selected to a CBHCO, once attached to the CBHCO unit, my CIP payments will stop. (Applicable only to WT currently receiving CIP).
16. A copy of this letter will be placed in my official file and forwarded to my gaining command.
17. I acknowledge that I have read and understand the information contained in this letter.

Print Name/Rank: \_\_\_\_\_  
Soldier's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Individual Providing Counseling:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Duty Position: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Privacy Act, Sec 3 (c) (10), Established Appropriate Safeguards for Personal Information. This information will not be released outside DOD without prior written consent from individual concerned or for the purposes stated herein.

## MRP ENCLOSURE 6 – LEAVE STATEMENT OF UNDERSTANDING

1. REFERENCES: AR 600-8-10, AR 635-40.
2. I am aware that while I am participating in Medical Retention Processing (MRP), I will accrue leave and may take leave during this period of active duty.
3. While undergoing medical evaluation and treatment, I may take leave if it does not conflict with this care. I must coordinate this leave through my Case Manager and obtain approval from my company chain of command.
4. If I enter the Physical Disability Evaluation System (PDES), I may take leave if such leave does not conflict with the completion of the Medical Evaluation Board (MEB) or Physical Evaluation Board (PEB). While in the PDES process, I must coordinate my leave with the Physical Evaluation Board Liaison Officer (PEBLO) and obtain approval from my chain of command.
5. I may be authorized transition leave at the time of my release from active duty (REFRAD), discharge/separation, or retirement. Permissive TDY (PTDY) is **not** authorized.
6. All unused leave, up to 60 days may be sold back, if eligible.

NAME: \_\_\_\_\_

RANK: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**MRP ENCLOSURE 7 – Declination of, Withdrawal from Medical Retention Processing (MRP) Statement**

**REQUESTING UNIT'S LETTERHEAD**

OFFICE SYMBOL

DATE

MEMORANDUM FOR Human Resources Command – Alexandria,  
Attn: AHRC-PLM-MS, 200 Stovall Street, Alexandria, VA 22332  
<mailto:rcmedicalretention@conus.army.mil>

SUBJECT: Declination of, or Withdrawal from, Medical Retention Processing (MRP)

1. I, (PRINT NAME), \_\_\_\_\_ (SSN), \_\_\_\_\_ decline to request orders to remain on active duty status for medical care as a participant in MRP.
2. I understand that I have not waived my right to medical care. I am entitled to care through military or Department of Veterans Affairs (DVA) medical treatment facilities for “in line of duty” illness or injury (DA Form 2173) sustained while on mobilization orders in support of the Global War on Terrorism and documented in my military medical records.
3. I understand that if I have served more than 30 days on active duty in support of a contingency operation I am entitled to 180 days of medical care under the Transitional Assistance Management Program (TAMP) for me and my eligible Family members. Care under the TAMP is limited to this 180 day period only. Information for this program is available at the following web site: <http://www.tricare.osd.mil.reserve/>

Soldier's Signature: \_\_\_\_\_

Print Name/Rank: \_\_\_\_\_

Date: \_\_\_\_\_

Individual Providing Counseling:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Duty Position: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Privacy Act, Sec 3 (c) (10), Established Appropriate Safeguards for Personal information. This information will not be released outside DOD without prior written consent from individual concerned or for the purposes stated herein.

## MRP ENCLOSURE 8 – Extension Packet Provider Statement

SUBJECT: MRP and MRP2 Extension Provider Statement      DATE: \_\_\_\_\_

SOLDIER'S NAME: \_\_\_\_\_      MODS ID #: \_\_\_\_\_

CURRENT MRP ORDER # \_\_\_\_\_      EXPIRATION DATE: \_\_\_\_\_

The Deputy Commander of Clinical Services, \_\_\_\_\_ Location, has reviewed Soldier's prognosis and plan of care. Above named Soldier will need a MRP extension to complete WTU (MHO) process. Specific plan of care is indicated below.

Extension on MRP is based on the plan of care/prognosis/timeline as indicated below:

a. \_\_\_\_ Soldier has met OMB (Optimal Medical Benefit), meets Retention Standards, and needs an extension to start the REFRAD process.

b. \_\_\_\_ Soldier has met OMB, does not meet Retention Standard; and will be referred to MEB on or about \_\_\_\_\_.

c. \_\_\_\_ Soldier is currently in MEB process and is likely to be referred to the PEB on \_\_\_\_\_.

d. \_\_\_\_ Soldier is currently in PEB process and needs extension to complete PEB.

e. \_\_\_\_ Soldier has not met OMB but will most likely MEET retention standard. Will begin REFRAD process on or about \_\_\_\_\_.

f. \_\_\_\_ Soldier has not met OMB and will most likely NOT meet retention standard. Will be referred to MEB on or about \_\_\_\_\_.

g. \_\_\_\_ Soldier is diagnosed with another service connected or service aggravated condition and needs additional medical treatment.

1) Soldier will most likely meet retention standard and start REFRAD process on or about \_\_\_\_\_.

2) Soldier will most likely NOT MET retention standard and will be referred to MEB on or about \_\_\_\_\_.

Primary Care Provider Signature: \_\_\_\_\_

Print Name and AKO Address: \_\_\_\_\_

Deputy Chief of Clinical Services, DCCS Signature: \_\_\_\_\_

(Only required for order request extending Soldier beyond 365 days)

Printed Name and AKO Email Address: \_\_\_\_\_

WTU Commander's Signature: \_\_\_\_\_

Printed Name and AKO Email Address: \_\_\_\_\_



**MRP ENCLOSURE 9: Appeals, Exceptions or Resubmission form**

Soldier's full name: \_\_\_\_\_ SSN (last four): \_\_\_\_\_ Date \_\_\_\_\_

Soldier's AKO email: \_\_\_\_\_@us.army.mil

MEMORANDUM FOR AHRC, Attn: AHRC-PL-M-MS, 200 Stovall Street, Alexandria, VA 22332  
<mailto:rcmedicalretention@conus.army.mil>

SUBJECT: I Request the following action for my (circle one) **MRP/MRP2/ADME** packet, Please select **only one** option and initial:

**1. \_\_\_ I am Re-submitting a packet for MRP \_\_\_ MRP2 \_\_\_ ADME \_\_\_ (check one)**

- \* I have added ***new*** documents for the Medical Review Board.
- \* If approved, the order effective date will be the date a completed packet was received by HRC-A.
- \* I understand that resubmission of my packet does **NOT** ensure acceptance into the WTU Program.

**2. \_\_\_ I am requesting an Administrative Appeal to the denial of my WTU application**

- \* I have **NOT** been denied due to a Medical Review Board's decision.
- \* I have **NOT** enclosed any new documents.
- \* I have **NOT** appealed this application to HQDA, G1, or the Army Boards for Correction of Military Records (ABCMR or ARBA).
- \* I understand that an approved administrative appeal approval does **NOT** ensure acceptance into the WTU Program.

**3. \_\_\_ I am requesting a Medical Appeal of the denial of my WTU application**

- \* I have **NOT** been denied a previous appeal.
- \* I have **NOT** enclosed any new documents.
- \* I have **NOT** appealed this application to HQDA, G-1, or the Army Boards for Correction of Military Records (ABCMR or ARBA).
- \* I understand that a request for medical appeal does **NOT** ensure acceptance into the WTU Program.

**4. \_\_\_ I am requesting an Administrative Exception to Policy**

- \* I understand that an approved administrative exception does **NOT** ensure acceptance into the WTU Program.

**On above request The Medical Review Board will make the final determination of eligibility based on medical criteria.**

**Initial Yes or No:**

- |   |                  |                 |
|---|------------------|-----------------|
| a. I am currently in the <b>MEB</b> or <b>PEB</b> Process | <b>YES</b> _____ | <b>NO</b> _____ |
| b. I am currently a member of the Selected Reserve        | <b>YES</b> _____ | <b>NO</b> _____ |
| c. All administrative documents are attached              | <b>YES</b> _____ | <b>NO</b> _____ |
| d. All required medical documentation is attached         | <b>YES</b> _____ | <b>NO</b> _____ |

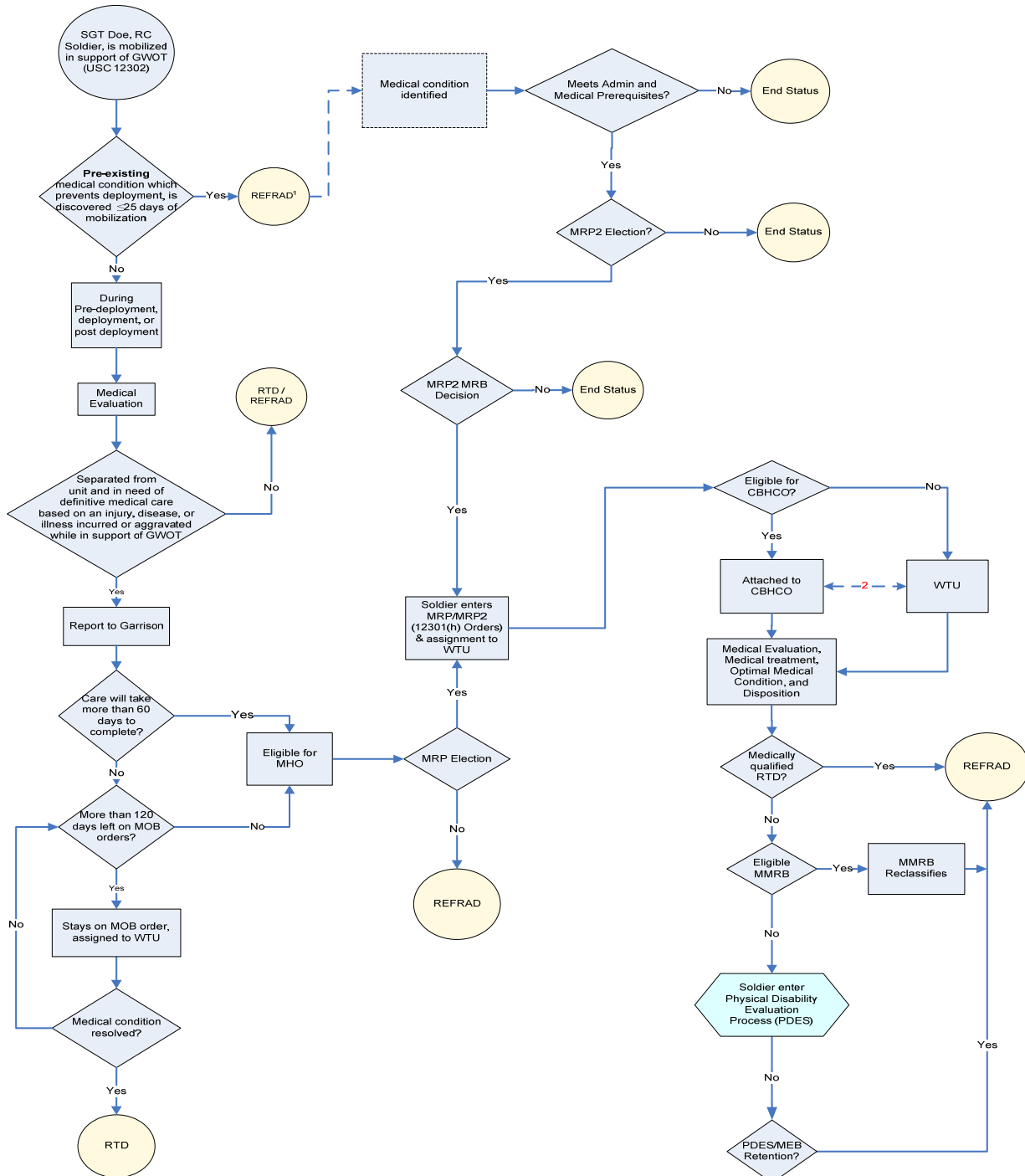
ALL requests require a typed summary (simple letter format) stating why the request is being submitted (be specific: my X-rays were added, my MRI results are in) and why it should be approved.

Soldier's signature \_\_\_\_\_

POC Name \_\_\_\_\_ POC AKO \_\_\_\_\_@us.army.mil

## 36. WTU FLOW CHART:

### Appendix B: Warrior in Transition Process flowchart



Updated: 28 September 2007

## MRP ANNEX A - WTU Orders Processes for Medical Retention Processing (MRP)

### a. References:

(1) Memorandum from ASA (M&RA), subject Transition of Reserve Component Soldiers from Partial Mobilization Orders to Medical Retention Processing, 6 March 2004.

(2) HQDA Personnel Policy Guidance, Implementing Instructions, 25-Day REFRAD Rule, Chapter 7, Section 7-2b.

### 1. Medical Retention Processing (MRP) initial orders

A Soldier under 10 USC 12302<sup>1</sup> Partial Mobilization order moves to 10 USC 12301(h)<sup>2</sup> order<sup>3</sup> for MRP:

- a. WTU (MRPU) Commander submits application to HRC-A<sup>4</sup>.
- b. HRC-A reviews application for completeness and initiates order process.
- c. HRC-A publishes and distributes **12301(h)** orders (MRP Annex 'A' below).
- d. Soldier assigned to a WTU (MRPU) under MEDCOM Derivative UICs (**DUIC**'s).
- e. HRC-A requests the issuing authority of original Partial Mobilization order to rescind the remaining time on the **12302** orders to eliminate the possibility of two valid orders at any given point in time.
- f. HRC-A will notify the DFAS, Army National Guard Financial Service Center (**ARNGFSC**<sup>5</sup>) of the rescinded portion of the orders (for all Reserve Components). ARNGFSC works under the command of DFAS.
- g. ARNGFSC updates its database using the newly issued orders.
- h. Soldier is physically located at the WTU (MRPU) site with all records.

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<sup>1</sup> [http://www4.law.cornell.edu/uscode/html/uscode10/usc\\_sec\\_10\\_00012302----000-.html](http://www4.law.cornell.edu/uscode/html/uscode10/usc_sec_10_00012302----000-.html)

<sup>2</sup> [http://www4.law.cornell.edu/uscode/html/uscode10/usc\\_sec\\_10\\_00012301----000-.html](http://www4.law.cornell.edu/uscode/html/uscode10/usc_sec_10_00012301----000-.html)

<sup>3</sup> Order Format 162, [http://www.army.mil/usapa/epubs/pdf/r600\\_8\\_105.pdf](http://www.army.mil/usapa/epubs/pdf/r600_8_105.pdf), Chapter 14, "Active duty of ARNGUS, or USAR personnel for short period with specific purpose.

<sup>4</sup> <https://www.hrc.army.mil/site/active/index2.asp>

<sup>5</sup> [http://www.army.mil/usapa/epubs/pdf/r10\\_81.pdf](http://www.army.mil/usapa/epubs/pdf/r10_81.pdf)

- i. MODS<sup>6</sup> is updated by the Case Manager for clinically related issues, HRC-A updates the order portion of MODS, admin specialist updates remaining pertinent modules in MODS.

## 2. **MRP Extensions**

- a. WTU (MRPU) Commander submits request to HRC-A.
- b. In the event that a Soldier is in a CBHCO<sup>78</sup>, the CBHCO Commander submits the request through the WTU (MRPU) Commander to HRC-A.
- c. HRC-A publishes **amended orders** (under current 12301(h) orders) extending the Soldier.
- d. HRC-A electronically<sup>9</sup> distributes copies to MEDCOM (WTU) or CBHCO commander) and ARNGFSC to ensure that the Soldier does not have a gap in pay or benefits.
- e. HRC-A distributes copies to parties noted in section 9.
- f. DUIC does not change.
- g. ARNGFSC updates its records with the new orders upon receipt from HRC-A.
- h. Soldier and records do **not** move (documents include but not limited to Soldier Readiness Files (SRC), SRC checklist, SGLI, DD93, all MOB orders and amendments, TCS orders).

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<sup>6</sup> <https://apps.mods.army.mil/medpros/secured/>

<sup>7</sup> <http://www.forscom.army.mil/pao/news/0105/CBHCOexpandsPF.htm>

<sup>8</sup> <http://www.armyg1.army.mil/militarypersonnel/ppg.asp>; See Chapter 7-4(d) in the PPG

<sup>9</sup> HRC-A distributes the orders to the various agencies to include MRPU commanders by email

- i. MODS is updated by the Case Manager for clinically related issues, HRC-A updates the order portion of MODS, admin specialist updates remaining pertinent modules in MODS.

### 3. **WTU to WTU Transfer**

- a. 'Owner' WTU Commander contacts secondary (or target) WTU Commander, and coordinates movement of Soldier.
- b. 'Owner' WTU Commander forwards DA form 4187 with supporting documentation<sup>10</sup> (confirming WTUs coordination) to HRC-A.
- c. HRC-A will:
  - 1) Consider time remaining on current orders and make adjustments if necessary.
  - 2) Cut amended WTU orders **assigning** Soldier to the new WTU.
  - 3) Orders distributed electronically to parties listed in section 9, page 73, as applicable, specifically to WTU commander in receiving (**new**) WTU.
  - 4) Update MODS orders module.
- d. Case Manager and admin specialist will update MODS at the losing and gaining WTU.
- e. Soldier<sup>11</sup> and records<sup>12</sup> will move to the new WTU.

### 4. **WTU<sup>13</sup> to CBHCO Transfer (within WTU's area)**

- a. WTU Commander forwards request to HRC-A.

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<sup>10</sup> Supporting documents will include the documents listed on the "Installation Out processing Checklist."

<sup>11</sup> Soldier will move on his own directly to assigned or attached site.

<sup>12</sup> Records will be mailed through the U.S. Postal Service or electronically if site has scanning capabilities.

<sup>13</sup> There are eight WTUs which are Area Support Installations and have CBHCOs assigned to them. 19 other WTUs do not have CBHCOs assigned to them.

- b. HRC-A amends current order and attaches Soldier to CBHCO<sup>14</sup>, utilizing WTU's DUIC for **assignment** and CBHCO's DUIC for **attachment** and will annotate on the orders "with duty at HOR."<sup>15</sup>
- c. HRC-A electronically distributes copies to the CBHCO, ARNGFSC, WTU and the individual (see section 9, for complete listing as applicable).
- d. Soldier moves physically to the CBHCO<sup>16</sup>.
- e. Records remain at the WTU.
- f. MODS is updated by the Case Manager for clinically related issues, HRC-A updates the order portion of MODS, admin specialist updates remaining pertinent modules in MODS.

##### 5. CBHCO Transfer back to the WTU

- a. CBHCO Commander forwards a DA Form 4187 request through the WTU Commander to HRC-A.
- b. HRC-A amends orders to transfer Soldier back to owning WTU.
- c. Orders replace CBHCO's DUIC with WTU DUIC's.
- d. Soldier physically moves to the WTU, the records remain at the WTU.
- e. MODS is updated by the Case Manager for clinically related issues, HRC-A updates the order portion of MODS, admin specialist updates remaining pertinent modules in MODS.
- f. HRC-A electronically distributes copies to the CBHCO, ARNGFSC, WTU and the individual.

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<sup>14</sup>

[http://www.carson.army.mil/Moblas/docs/ANNEX%20F%20\(CBHCO%20SOLDIER%20SELECTION%20CRITERIA\).pdf#search='CBHCO'](http://www.carson.army.mil/Moblas/docs/ANNEX%20F%20(CBHCO%20SOLDIER%20SELECTION%20CRITERIA).pdf#search='CBHCO')

<sup>15</sup> It is crucial for pay and travel that Home of Record will be annotated on the orders for CBHCOs

<sup>16</sup> 214 WS will be started before the Soldier gets to the new site.

6. **WTU<sup>17</sup>-A to CBHCO-B Transfer (outside WTU-A's region)**

- a. WTU Commander<sup>18</sup> (at WTU-A) forwards DA Form 4187 request to HRC-A<sup>19</sup>.
- b. HRC-A amends current orders to assign Soldier to WTU-B and attach Soldier to CBHCO-B, **“with duty at HOR.**
- c. New orders utilize WTU-B DUIC.
- d. HRC-A updates MODS orders module.
- e. Forward Soldier's *records* to WTU-B (the new WTU), the Soldier physically moves to the gaining CBHCO (CBHCO-B). Soldier does not have to appear at the gaining WTU (WTU-B) for in processing.
- f. Once the orders are published by HRC-A, it is the responsibility of the Soldier to keep all appointments.
- g. HRC-A will review the time remaining on the current MRP orders, and consider the need for publishing an extension of time left in the MRP program.
- h. HRC-A electronically distributes copies to the original WTU (WTU-A), WTU-B, CBHCO-B, ARNGFSC, and the individual (see section 9 for complete distribution list.)
- i. ARNGFSC updates its database.
- j. Original WTU (WTU-A) commander is responsible for making sure that all documentation gets to WTU-B commander with CC to CBHCO-B commander.

7. **WT (MHO) Soldiers move to an installation without a WTU**

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<sup>17</sup> Transfer from a MRPU to the CBHCO in another MRPU which is considered a Area Support Installation

<sup>18</sup> MRPU commander has full responsibility for all C2 actions.

<sup>19</sup> MRPU-A commander **must verify** that the Soldier has a place to live and a method of transportation from home to medical care facilities before forwarding the request to HRC-A.

- a. WTU Commander (at WTU of current location) forwards transfer DA Form 4187 request to HRC-A.
- b. HRC-A amends current 12301(h) MRP orders to assign Soldier to the garrison assigned company at the new installation.
- c. HRC-A will distribute to all parties in section 9 (page 73), as applicable.
- d. *Soldier* and *Soldier's records* will move to the new installation's MTF using the garrison's DUIC.
- e. HRC-A will consider time remaining on original orders and consider time remaining on current orders and make adjustments if necessary.
- f. HRC-A and the losing WTU will update MODS.
- g. Gaining commander ensures that MODS is updated upon arrival of Soldier at the site<sup>20</sup>.
- h. ARNGFSC updates its database upon electronic receipt of the amended MRP, 10 USC 12301(h) orders.

#### 8. **DD Form 214**<sup>21</sup> **Distribution**

- a. Once medical care is complete, the WTU commander requests a REFRAD order authorization from HRC-A<sup>22</sup>. Upon receipt of the 'memorandum request,' HRC-A sends the REFRAD authorization memorandums back to the WTU of origin.<sup>23</sup> HRC-A will

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<sup>20</sup> Once a Soldier arrives at the new garrison unit; the unit could be a Med Hold company or any other company designated by the garrison commander for the purpose of command and control (C2) of medical retention RC Soldiers. The MODS entry will be done by medical personnel where applicable and administrative personnel in any relevant MODS modules.

<sup>21</sup> <http://www.archives.gov/veterans/military-service-records/dd-214.html>

<sup>22</sup> DA FORM 4187 (signed by Soldier's Company Commander) and "fit-for-duty" statement (signed by Soldier's primary care giver).

<sup>23</sup> The WTU that requested the REFRAD authorization memorandum.



send copies to the garrison's Transition Center (TC), DFAS/USAFINCOM and to the original order-cutting agency<sup>24</sup>.

b. The TC publishes the final REFRAD orders and the DD214.

c. The TC immediately<sup>25</sup> upon publication of the orders and the DD214, forwards copies through the local finance center to DFAS/USAFINCOM<sup>26</sup>.

d. When a Soldier in the MRP program has been processed through the Physical Disability Evaluation System<sup>27</sup> (**PDES**)<sup>28</sup> and is to be separated with severance pay or disability, the PDA inputs the Soldier's personnel data into **TRANSPOC**<sup>29</sup>.

e. If the Soldier has less than 20 years of service towards reserve retirement, the **PDA**<sup>30</sup> places the Soldier in TRANSPROC, and the processing installation cuts orders based off the TRANSPROC message.

f. When the Installation **TC**<sup>31</sup> locates the Soldier's information in TRANSPOC, the TC notifies the WTU or command and control (C2) element. Once notified, the WTU or C2 element locates the Soldier and directs the Soldier to begin *transition proceedings*.

Soldiers residing on or near installations reports to the TC, with their records for out-processing within 24 hours of the notification.

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<sup>24</sup> The agency that published the original mobilization orders; (for USAR the RRC from where Soldier was mobilized, for National Guard to the National Guard State HQ)

<sup>25</sup> Until the day after the Soldier's effective date of separation. Complete distribution will occur no later than the fifth working day after the Soldier's separation date (AR 635-5, 2-5, page 8).

<sup>26</sup> Army National Guard Finance Service Center, 8899 E 56th St  
Indianapolis, IN 46249

<sup>27</sup> <https://www.hrc.army.mil/site/Active/TAGD/Pda/pdesystem.htm>

<sup>28</sup> Information about Soldiers receiving retirement letter will be input by the TC. Soldiers who are fit for duty may not go through the PDES, any Soldiers who go through the PDES will be input into TRANSPOC

<sup>29</sup> TRANSPOC: Transition Processing

<sup>30</sup> <https://www.hrc.army.mil/site/Active/TAGD/Pda/pdapage.htm>

<sup>31</sup> <http://www.acap.army.mil/transitioner/presep/chapter1/1b.cfm>

- g. The TC publishes the final DD Form 214 and the Transition order, and makes distribution IAW MILPER MSG 05-258, 17 October 2005<sup>32</sup>.
- h. The TC will input severance pay transaction before the Soldier departs the active Army installation or WTU.
- i. When Soldiers processed through PDES for separation to the TDRL/PDRL, the same procedures take place.
- j. Once the final discharge orders are done, HRC-A will distribute orders as listed in section 9 (as applicable).
- k. When a Soldier requests a Continuation on Active Reserve (**COAR**), upon COAR approval, HRC-A sends out a memorandum with separation instructions to the servicing installation. If the COAR is disapproved, the Soldier will be REFRAD and depending on the PDES recommendation, may or may not get disability.
- l. A Soldier is eligible for retirement only if they meet certain criteria as stated in USC 10, section 12731<sup>33</sup> or 12731(b)<sup>34</sup>. Normally in the line of duty (LOD), a Soldier will not be eligible for retirement.

## **9. Order Distribution list**

- 1. Army National Guard Finance Service Center, 8899 E 56th St, Indianapolis, IN 46249
- 2. Electronic Military Personnel Office, (eMilpo),
- 3. Service Member, AKO email Address.
- 4. Service Members Regional Readiness Command (RRC) or Joint Forces Headquarters (National Guard Bureau) Losing C2.

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<sup>32</sup> DD forms 214 (certificate of release or discharge from active duty) distribution.

<sup>33</sup> [http://www4.law.cornell.edu/uscode/html/uscode10/usc\\_sec\\_10\\_00012731----000-.html](http://www4.law.cornell.edu/uscode/html/uscode10/usc_sec_10_00012731----000-.html)

<sup>34</sup> [http://www4.law.cornell.edu/uscode/html/uscode10/usc\\_sec\\_10\\_00012731---b000-.html](http://www4.law.cornell.edu/uscode/html/uscode10/usc_sec_10_00012731---b000-.html)

5. Warrior Transition Unit (WTU). Gaining C2.
6. Regional Case Manager.
7. DEERS (is updated when extending or renewing orders).
8. M.O.D.S. (is updated with every change)
9. CBHCO commanders (when applicable<sup>35</sup>).

b. POC for information on the above section is MSG Michael Carmel, HQDA, DCS, G-1, DAPE-MPE-IP, CM (703) 695-7864, DSN 225-7864, Email: [michael.carmel@hqda.army.mil](mailto:michael.carmel@hqda.army.mil)

#### **MRP ANNEX B - Implementing Instructions for Community Based Health Care Organization (CBHCO) Referral Process:**

1. Purpose. To standardize the Community Based Health Care Organization (CBHCO) referral and acceptance process of eligible Soldiers.
2. Proponent. The proponent for the implementing guidelines is the Assistant Surgeon General for Force Projection (ASG (FP)).
3. Applicability. The implementing guidelines apply to personnel performing the functions prescribed by this document in support of the Soldier on medical retention processing (MRP) orders.
4. Scope. The implementing guidelines address the process to identify, select and accept individual Soldiers referred to the CBHCO. They provide policy and procedural guidelines for both Army installations and CBHCOs, as well as standardized forms for the referral process. For administrative processes pertinent to the attachment of Soldiers to the CBHCO, see HQDA PPG.
5. Responsibilities:
  - a. The installation Medical Treatment Facility (MTF) Commander will:
    - (1) Designate MTF nurse case managers and providers to select eligible Soldiers for referral to the CBHCO within their first 30 days as a Soldier based on established medical selection criteria as described in policy

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<sup>35</sup> when transferring from a MRPU to a single CBHCO than the receiving CBHCO commander will be notified, when a transfer involves two CBHCOs, than **both** CBHCO commanders and **both** MRPU commanders will be notified

memorandum Enclosure 1,

- (2) Ensure that the preliminary medical evaluation and treatment plan is developed and documented in AHLTA to identify Soldiers who require more than 60 days of clinical management before referral for a medical evaluation board (MEB) or medical clearance for REFRAD,
- (3) Ensure that medical treatment and disposition, including physical disability processing, is not delayed pending referral to the CBHCO,
- (4) Ensure that behavioral health assessment is completed on Soldiers selected for referral to identify and manage high risk Soldiers prior to their transfer;
- (5) Rule out Axis II behavioral disorders that administratively disqualify the Soldier for continued military service.

b. The Warrior Transition Unit (WTU) Commander will:

- (1) Identify Soldiers who are eligible for transfer to the CBHCO,
- (2) Recommend Soldiers selected for referral based on established C2/administrative selection criteria as described in Enclosure 1 of the policy memorandum,
- (3) Ensure Soldiers are properly counseled in writing regarding CBHCO referral, process, and requirements of the program (Enclosure 3).
- (4) Collaborate with the local MTF via the MTF nurse case manager,
- (5) Ensure that MODS administrative data are correct and current,
- (6) Ensure the C2 portion of the *CBHCO Referral Form* (Enclosure 2) is completed.
- (7) Ensure that *DA Form 4187, Request for Personnel Action*, is completed with Soldiers' signature, approved and submitted to HRC for publication of orders.
- (8) Ensure that the line of duty (*DA Form 2173, Statement of Medical Examination and Duty Status*) and validation memorandum are completed and approved IAW AR 600-8-4 prior to transfer,
- (9) Ensure that referred Soldiers have acceptable housing, transportation and reliable communication plan (telephone connectivity).

- (10) Ensure that installation out-processing requirements as established by IMCOM are completed prior to transfer of Soldiers to the CBHCO.
- (11) Coordinate the Soldier's movement with the CBHCO Commander.  
**NOTE: leave is not authorized enroute CBHCO.**

c. The MTF nurse case manager will:

- (1) In coordination with the WTU, generate a list of eligible Soldiers and coordinate with Soldier's primary care provider (PCM) and other clinical team members to select Soldiers for CBHCO referral based on established medical selection criteria,
- (2) Coordinate with the WTU commander and staff regarding Soldiers they have selected for referral,
- (3) Initiate the CBHCO referral process and coordinate the completion of the *CBHCO Referral Form*,
- (4) Consult with behavioral health professional regarding baseline mental health and family assessment,
- (5) Participate in the development of the preliminary plan of care and counsel the Soldier regarding plan, including anticipated outcomes,
- (6) Coordinate the referral with the CBHCO supervising nurse case manager or designated point of contact.

d. The MTF Primary Care Manager (PCM) will:

- (1) Complete the initial clinical evaluation, master problem list, and preliminary treatment plan within 30 days of assignment or attachment to the WTU ,
- (2) Determine whether Soldier will require more than 60 days of medical evaluation and treatment,
- (3) Initiate line of duty (*DA Form 2173, Statement of Medical Examination and Duty Status*) and *Physical Profile (DA Form 3349)*,
- (4) Coordinate with specialty providers, including licensed behavioral health providers, to select Soldiers for medical referral to CBHCO,
- (5) Communicate directly with CBHCO medical officer as appropriate to reach consensus on complex cases or exceptions to policy,

- (6) Provide summary of Soldier's pertinent history, current clinical status, and plan of treatment in AHLTA for inclusion in CBHCO referral packet.
- e. The MTF licensed behavioral health provider, generally the licensed clinical social worker (LCSW) will:
  - (1) Complete a mental health and social support assessment to identify high risk Soldiers and/or validate that Soldier has adequate family and community support at home,
  - (2) Recommend behavioral health evaluation and treatment as appropriate prior to referral to CBHCO,
  - (3) Participate in the selection process of Soldiers for referral to CBHCO,
  - (4) Coordinate with the CBHCO LCSW care manager regarding concerns and treatment recommendations.
- f. The CBHCO supervising nurse case manager will:
  - (1) Review the referral packet with the CBHCO medical officer, case manager(s), and LCSW care manager,
  - (2) Coordinate referral actions with the CBHCO commander and staff, and the MTF nurse case manager,
  - (3) Ensure clinical resources are available within TRICARE standards to support the Soldier's treatment plan,
  - (4) Consult with CBHCO medical officer and/or follow standing acceptance protocols to accept referred Soldiers,
  - (5) Notify the MTF nurse case manager of the CBHCO acceptance decision.
- g. The CBHCO commander will:
  - (1) Review the referral packet with C2 cadre and validate the acceptability of Soldier's housing, transportation and communication plans,
  - (2) Identify potential Title 10 duty assignment location(s),
  - (3) Verify CBHCO capacity to accept new Soldiers,
  - (4) Communicate directly with WTU Commander, as needed, to resolve questionable cases or non-medical exceptions to policy,

- (5) Coordinate transfer with WTU Commander, including completion of installation out-processing requirements.

h. The CBHCO medical officer will:

- (1) Collaborate with the CBHCO case managers and LCSW care managers to develop standing protocols to facilitate the expeditious review and acceptance of WT for transfer to CBHCO.
- (2) Participate in the treatment plan review for Soldiers not covered by standing acceptance protocols,
- (3) Communicate directly with the Soldier's PCM and other MTF providers and/or RMC medical officers to resolve problematic or complex treatment plan issues,
- (4) Approve or disapprove referral of a Soldier based on sound medical judgment when the situation is not covered by a standing acceptance protocol.

i. The CBHCO licensed clinical social worker (LCSW) care manager will:

- (1) Review the CBHCO referral packet with the CBHCO nurse case manager and medical officer,
- (2) Communicate directly with the MTF behavioral health professional to resolve behavioral health issues,
- (3) Determine availability of behavioral health resources within TRICARE standards to support the Soldiers' treatment plan.

6. Procedures:

a. The MTF and WTU screen all WTU Soldiers within 30 days to determine eligibility for referral to a CBHCO. The MTF nurse case manager coordinates with the WTU platoon sergeant to reach consensus on which eligible Soldiers are selected for referral to the CBHCO. The platoon sergeant considers demonstrated reliability and accountability as a key factor in recommending Soldiers for referral. Identified "problem Soldiers" are **not** referred without compelling evidence that transfer will improve compliance. Problem Soldiers and their issues must be addressed with CBHCO key staff (Commander, 1SGT, CM Supervisor, Medical Officer and/or LCSW) during the referral phase.

b. The MTF nurse case manager consults as necessary with the PCM and other members of the clinical care team to reach consensus on whether Soldier's medical

care can be reasonably managed within the community by the CBHCO. Soldiers who will be medically cleared for REFRAD within 60 days will not normally be referred to the CBHCO.

c. The MTF nurse case manager coordinates with installation licensed behavioral health providers (generally, the LCSW care manager) to obtain behavioral health clearance for mental health and social support status. The behavioral health clearance does not imply the absence of issues, rather that issues can be safely managed with the available community and family resources. Soldiers who need mental health observation or treatment beyond the capacity of the CBHCO, or whose home environment is not conducive to supporting healing and healthy outcomes, will not be referred until these issues are resolved.

d. The MTF nurse case manager documents selection coordination and actions, including salient decision points, in AHLTA (entry comparable to the *SF 600, Chronological Record of Medical Care*) as part of the Soldier's health record. Documentation will be sufficient for personnel unfamiliar with the case to understand the rationale for the decision to refer or not to refer. When Soldiers are referred as an exception to policy or after consultation with the RMC, documentation includes coordination points, recommendations and decisions.

e. When the case manager and platoon sergeant have reached agreement on selected Soldiers, the case manager initiates the referral paperwork using the *CBHCO Referral Form* (Enclosure 2) and ensures that both the WTU commander and MTF providers complete their respective portions. The case manager coordinates with the CBHCO case manager and forwards completed referral packets to the CBHCO case manager.

f. The commander ensures that Soldiers complete all out-processing and pre-REFRAD requirements, including approved line of duty (*DA Form 2173, Statement of Medical Examination and Duty Status*) and LOD validation memorandum prior to transfer.

g. The PCM prepares a clinical summary for the CBHCO clinical staff in AHLTA (entry comparable to the *SF 600, Chronological Record of Medical Care*). The MTF nurse case manager verifies that the CBHCO has access to patient information in AHLTA; if not, the case manager prints a hard copy, attaches it to the referral forms, and sends it expeditiously to the CBHCO. (A sample clinical summary template is included at Attachment 4.)

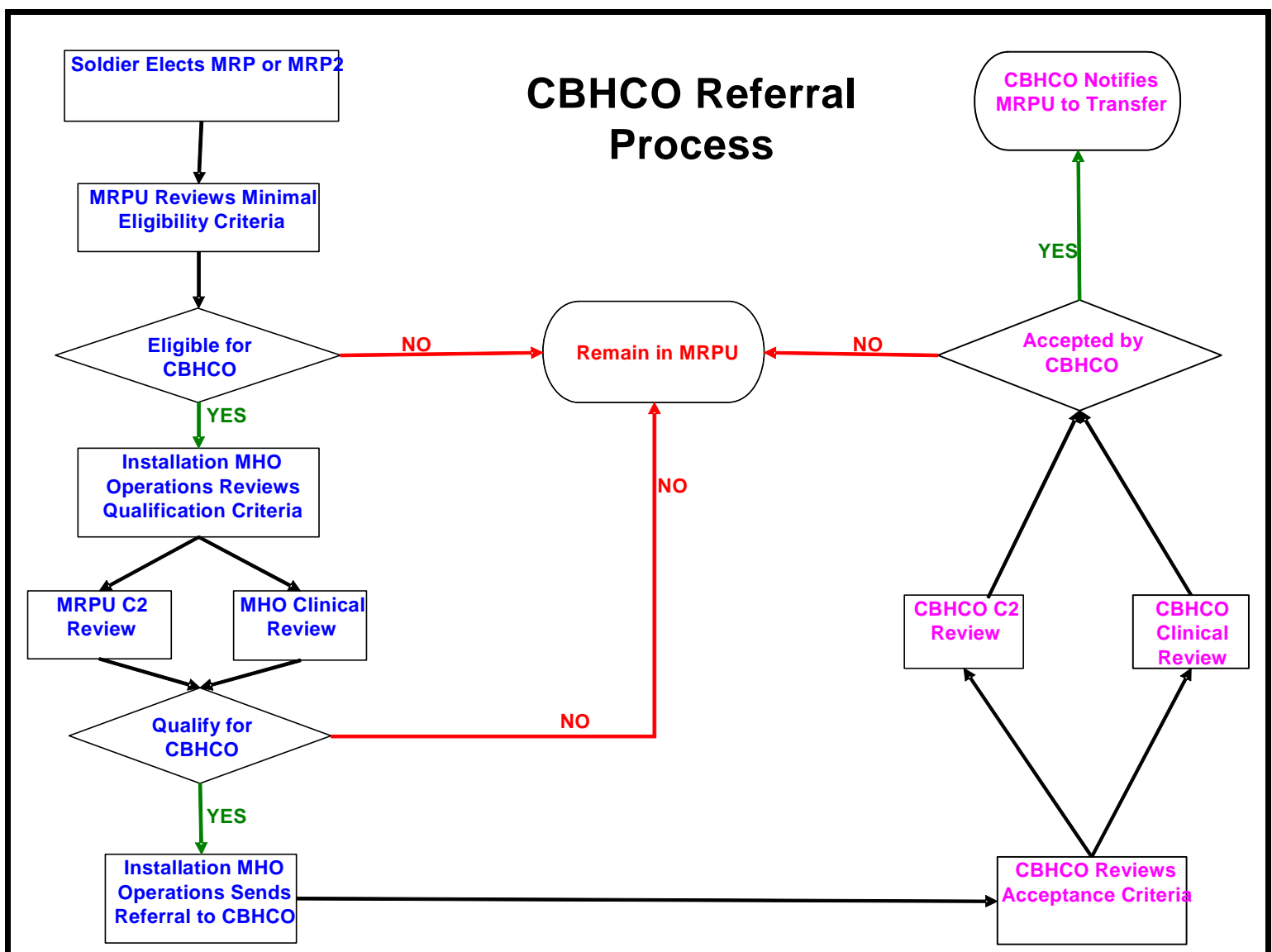
h. The CBHCO supervising nurse case manager receives the referral packet and screens the Soldier for acceptance. Clarify information via direct coordination with the MTF nurse case manager. The supervising nurse case manager reviews the CBHCO referral packet with the CBHCO medical officer(s), case manager(s), LCSW care manager, and commander. The CBHCO medical officer coordinates directly with the referring PCM, as necessary, to resolve concerns. The CBHCO case



manager notifies the installation case manager of the CBHCO acceptance decision within *3 working days* of receiving the completed referral packet. Refer delays in obtaining a complete referral packet of 2 weeks or more to the RMC Senior Case Manager.

i. The CBHCO commander and staff review the referral packet for C2 and administrative selection criteria and transfer requirements. The CBHCO commander coordinates referral concerns and transfer activities directly with the referring WTU or installation.

j. Upon notification of CBHCO acceptance, the WTU commander submits a *Request for Personnel Action (DA Form 4187)* to Human Resources Command (HRC-A), <mailto:rcmedicalretention@conus.army.mil>, requesting orders attaching the MHO Soldier to the CBHCO. The WTU maintains files on Soldiers attached to the CBHCO.



### MRP ANNEX C - PAY AND ENTITLEMENTS CHART:

Benefits/Entitlements	References	ADME	MRP/MRP2
Basic Pay	Title 37, Sec 204, 203 & 206 DoDFMR, Vol 7A, Ch 2 DoDFMR, Vol 7A, Ch 57 DoDFMR, Vol 7A, Ch 58	Same as AD	Same as AD
BAH	37 USC 403 JFTR Volume 1, Ch 10	Yes (if on Orders > 30 days)	Yes
BAS	37 USC 402 DoDFMR, Vol 7A, Ch 25 DoDFMR, Vol 7A, Ch 57	Yes	Yes
Family Separation Pay (on AD > 30 Days)	37 USC 402, 427 DoD FMR Vol 7A, Ch 27 & 57.	Same as AD	Same as AD
Tax Benefits (while serving in Combat zone or Hazardous duty Area)	26 USC 112	Same as AD	Same as AD
Hostile Fire/ Imminent Danger Pay (while serving in Combat zone or Hazardous duty Area)	37 USC 310, DoDI 1340.9, DoD FMR Vol 7A, Ch 10	Same as AD	Same as AD
Combat Related Injury Rehabilitation Pay (CIP)	37 USC 328, ALARACT 134/2006	Not Eligible	Same as AD (unless attached to a CBHCO)
Hazardous Duty Incentive Pay (while serving in Combat zone or Hazardous duty Area)	37 USC 310, DoDI 1340.9, DoD FMR Vol 7A, Ch 10, Ch 57, Ch 58	Same as AD	Same as AD
Foreign Language Proficiency Pay	37 USC 316, DoDI 7280.3, FMR Vol 7A, Ch 19, Ch 57, Ch 58	Same as AD	Same as AD
Special Duty Assignment Pay	37 USC 307, DoDI 1304.27, FMR Vol 7A, Ch 19, Ch 8, Ch 57	Same as AD	Same as AD
Medical & Dental Special Pay for RC Officers	37 USC 302 & 302b, FMR Vol 7A, Ch 5 & 6	No	Same as AD If on active duty > 30 days & < one year.
Special Pay for Other Health Care RC Officers	37 USC 302 & 302b, FMR Vol 7A, Ch 5 & 6	No	Same as AD If on active duty > 30 days & < one year.
Member Medical and Dental benefits	10 USC 1074 & 1074a	Same as AD	Same as AD
Tricare Dental Program for RC members	10 USC 1076a	Same as AD	Same as AD
Tricare Dental Program for Dependents	10 USC 1076a	Same as AD	Same as AD

Retirement or Separation for Physical Disability	10 USC 1201 - 1206, DoDI 1332.38	Same as AD	Same as AD
Dependent Medical Benefits	10 USC 1076	Same as AD	Same as AD
Transitional Health Care: Member and Dependents	10 USC 1145	No	Same as AD
<b>Commissary, PX, MWR, Benefits</b>			
Commissary, PX, MWR	10 USC 1063 & 1064	Same as AD	Same as AD
Space Required or Space Available Travel	DoD 4515.13-r	Same as AD	Same as AD
Legal Assistance	10 USC 1044	Same as AD	Same as AD
Accumulation of Leave/ Payment for Unused leave	AR 635-40, AR 600-8-10, Army MILPER Message 05-036	Yes: <b>May be authorized to take Terminal Leave.</b> May Cash Leave at REFRAD	Yes: <b>May be authorized to take Terminal Leave.</b> May Cash Leave at REFRAD
Reemployment rights	Chap 43 of title 38 (section 4312), DoDI 1205.12	Yes: not to exceed <b>five years</b> of cumulative active duty service.	Yes (time ISO contingency operations doesn't count towards five year cap)
Intention to Return to Work: must submit an application to the employer.	Chap 43 of title 38 (section 4312), DoDI 1205.12	< 181 days: within 14 days. > 180 days within 90 days of REFRAD	< 181 days: within 14 days. > 180 days within 90 days of REFRAD
Reemployment or Return to work rights of <b>Hospitalized</b> (inpatients) Soldiers	Chap 43 of title 38 (section 4312), DoDI 1205.12	Time will be extended by up to two years.	Time will be extended by up to two years.
Employer Pension Benefit Plans	Chap 43 of title 38 (section 4318), DoDI 1205.12	Military service treated as employment time. Employee has up to 5 years to make up any contributions otherwise would have been made to the pension plan.	Military service treated as employment time. Employee has up to 5 years to make up any contributions otherwise would have been made to the pension plan.
Civilian Employment <b>Retention</b> (can not be discharged except for cause)	Chap 43 of title 38 (section 4316), DoDI 1205.12	For 180 days if served > 31 days but < 181 days. For one year if served > 180 days.	For 180 days if served > 31 days but < 181 days. For one year if served > 180 days.
Assistance with reemployment issues	Chap 43 of title 38 (section 4321), DoDI 1205.12	Office of the Assistant Secretary for Veterans' Employment and Training, US DOL, 200 Constitution Ave. NW, Room S-1325, Washington DC 20210. Vets Staff Directory Tel. # (202) 693-4738. <a href="http://www.dol.gov/vets/aboutvets/contact/s/main.htm">http://www.dol.gov/vets/aboutvets/contact/s/main.htm</a>	Office of the Assistant Secretary for Veterans' Employment and Training, US DOL, 200 Constitution Ave. NW, Room S-1325, Washington DC 20210. Vets Staff Directory Tel. # (202) 693-4739. <a href="http://www.dol.gov/vets/aboutvets/contact/s/main.htm">http://www.dol.gov/vets/aboutvets/contact/s/main.htm</a>

# **CHAPTER 4:**

## **RESERVE COMPONENTS MEDICAL RETENTION PROCESSING 2 (MRP2)**

**IMPLEMENTING INSTRUCTIONS FOR TRANSITION OF RESERVE  
COMPONENT (RC) SOLDIERS FROM INACTIVE DUTY STATUS TO THE  
MEDICAL RETENTION PROCESSING 2 (MRP2) PROGRAM**

Revised **17 September 2007**

**ALL CHANGES ARE HIGHLIGHTED IN YELLOW**

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### **1. PURPOSE OF MRP2:**

a. To provide implementing instruction for personnel and command and control (C2) management of RC – Army National Guard of the United States (ARNGUS), and United States Army Reserve (USAR) - Soldiers voluntarily transitioning onto active duty under 10 USC 12301(h) for medical retention processing, to include participation in the Community Based Health Care Organization (CBHCO). The MRP2 program is designed to evaluate and treat illness, injury, or disease the MRP2 medical review board determines as the reason to return the Soldier back to active duty. This program applies only to RC Soldiers already released from active duty (REFRAD) from 10 USC 12302 partial mobilization orders.

b. See section 29 on page 117 for the MRP2 program eligibility process flowchart.

c. Effective date: 28 April 2006

## **2. REFERENCES:**

a. 10 USC 12301, Reserve Components Generally.

b. Department of Defense Directive (DODD) 1241.1, Reserve Components Incapacitation Benefits, 3 December 1992.

c. Department of Defense Instruction (DODI) 1241.2, Reserve Component Incapacitation System Management, 30 May 2001.

d. DODD 1332.18, Separation and Retirement for Physical Disability, 4 November 1996.

e. DODI 1332.38, Physical Disability Evaluation, 14 November 1996.

f. Department of Defense Finance Management Regulation (DODFMR), Volume 7A, Allotments and Retired Pay.

g. Army Regulation (AR) 40-66, Medical Records Administration and Health Care Documentation.

h. AR 40-501, Standards of Medical Fitness.

i. AR 135-155, Promotions of Commissioned Officers and Warrant Officers Other Than General Officers.

j. AR 135-381, Incapacitation of Reserve Component Soldiers.

k. AR 600-8-4, Line of Duty Policy, Procedures, and Investigations.

l. AR 600-8-19, Enlisted Promotions and Reductions.

m. AR 600-8-101, Personnel Processing (In, Out, Soldier Readiness Mobilization, and Deployment Processing).

n. AR 623-3, and DA PAM 623-3, Evaluation Reporting System.

o. AR 635-40, Physical Evaluation for Retention, Retirement, or Separation, Annex E (Personnel Processing Actions).

p. DA Pam 600-8-101, Personnel Processing (In, Out, Soldier Readiness, Mobilization and Deployment Processing).

q. National Guard Regulation (NGR) 600-100, Officer Promotions.

r. NGR 600-200, Enlisted Personnel.

s. Headquarters Department of the Army (HQDA), Operation Order (OPORD) 04-01, Annex Q (Medical Holdover Operations) (WTU).

t. Memorandum from Assistant Secretary of the Army, (Manpower and Reserve Affairs), subject Release from Active Duty of Mobilized Personnel not Qualified for Deployment, 24 Oct 2003.

u. Memorandum from Assistant Secretary of the Army (Manpower and Reserve Affairs) (ASA (M&RA)), subject Transition of Reserve Component Soldiers from Partial Mobilization Orders to Medical Retention Processing, 6 March 2004.

v. Office of the Surgeon General / Medical Command (OTSG/MEDCOM) Implementation Plan for CBHCO.

w. Office of the Surgeon General (OTSG) / Medical Command (MEDCOM) Policy Memo 04-007, dated 29 June 2004, Soldiers Considered Appropriate for Medical Retention Processing.

x. HQDA Personnel Policy Guidance, Implementing Instructions, 25-Day REFRAD Rule, <http://www.armyg1.army.mil/militarypersonnel/policy.asp>.

y. DA FRAGO 100016ZJAN172006 Transfer of Authority of CBHCO from FROSCOM to MEDCOM.

z. All Army Activities (ALARACT) Message 139/2007, Subject: applicable processing procedures for military orders pertaining to soldiers in a patient status who are moved from theater.

**3. AUTHORITY:** Memorandum from ASA (M&RA), subject Transition of Previously Mobilized Reserve Component Soldiers from Reserve Status to Active Duty for Medical Retention Processing 2 (MRP2) Status, 17 April 2006.

**4. APPLICABILITY:** These instructions apply only to RC Soldiers mobilized under 10 USC 12302 partial mobilization orders and already REFRAD, who require a recall to active duty for medical conditions sustained, or pre-existing medical conditions aggravated while on active duty status in support of the Global War on Terrorism (GWOT) contingency operations. Soldiers on active duty under another authority will be handled on a case-by-case basis. For assistance and instructions, contact Human Resource Command – Alexandria (HRC-A) Medical Cell at 703-325-9071/6577/4575 or DSN 221-9071/6702/4575, <mailto:rcmedicalretention@conus.army.mil>

**5. INTENT OF MRP2:** These instructions address the recall of RC Soldiers to active duty who have REFRAD and have a documented unresolved mobilization connected medical condition. Instructions also address their duty status, reassignment actions, C2 and personnel accountability, evaluation reports, promotion, pay, leave, REFRAD procedures, retirement, and discharge while participating in the MRP2 program.

## **6. RESPONSIBILITIES:**

**6-1. ASA (M&RA):** Provides oversight for WTU operations, including the MRP2 program.

### **6-2. OTSG/MEDCOM:**

- a. Serves as the Supported Command for WTU operations, including the MRP2 program.
- b. Assumes full ownership of the Community Based Health Care Organizations (CBHCO), tasking authority, and funding responsibility.
- c. Conducts the MRP2 medical review board. Provides one of three required board members. Coordinates the appointment of board members representing the ARNGUS and USAR with National Guard Bureau (NGB) and United States Army Reserve Command (USARC) respectively. Ensures that each board member is a licensed physician, a certified physician's assistant, or a licensed nurse practitioner in the rank of Lieutenant Colonel or above with one board member in the rank of Colonel. Ensures that one member of the board is a physician.
- d. Approves the MRP2 medical review board recommendations.
- e. Deciding authority for MRP2 declination appeals.
- f. Coordinates with HRC-A, considering installation capacity, to determine most appropriate location to assign WT Soldiers.

- g. WTU and CBHCO commanders ensure initial data is entered into MODS. Ensures data integrity in MODS, including currency and accuracy of data at least weekly. Notifies the MTF commander that the Soldier has been designated as a WT Soldier.
- h. MTF commander ensures gaining installation completes in-processing requirements including all personnel and pay actions such as personnel status changes to support accountability in Electronic Military Personnel Office (eMILPO), process for pay and update the Defense Enrollment Eligibility Reporting System (DEERS), and issue of dependent identification cards if necessary
- i. Receive MRP2 program participant order expiration notifications from HRC-A Medical Section and coordinate with Soldier's installation WTU or command element in determining whether participants require program extension or termination.
- j. Ensures that the gaining installation MTF commander contacts the Soldier and Soldier's unit for coordination of his/her arrival.
- k. Ensures that for the first MRP2 order extension the MRP2 Extension Provider Statement is completed by the primary provider and included with the MRP2 order extension packet. (See Enclosure 9 for a copy of the MRP2 Extension Provider Statement.)
- l. Ensures that for the second and any subsequent MRP2 order extension the MRP2 Extension Provider Statement is completed by the primary provider and, reviewed, approved, and signed by the Deputy Commander Clinical Services (DCCS). (See Enclosure 9 for a copy of the MRP2 Extension Provider Statement.)
- m. Provides evaluation and treatment plan to the MRP2 participant.
- n. Refers Soldiers to the Army Physical Disability Evaluation System (PDES), IAW DODI 1332.38 and AR 600-60, when it is determined that a Soldier will not meet medical retention standards per AR 40-501, Chapter 3.
- o. Provides a current and relevant profile (DA Form 3349) with any limitations IAW AR 40-501, Chapter 7, to the WTU or command element to which Soldiers are assigned.
- p. Sends Soldiers' health record to their parent unit upon REFRAD and provides a copy to the Soldier upon request.



- q. Makes the REFRAD recommendation when the medical reason for entering the MRP2 program is resolved and it can be determined the Soldier would meet retention standards.
- r. MTF commander ensures notification of Soldier's parent unit and HRC-A Medical Section when the Soldier is ready for REFRAD. The unit will supply a copy of the REFRAD order HRC-A Medical Support Team upon REFRAD.
- s. Conducts Deployment Cycle Support, Phase III, Re-deployment, tasks for all MRP2 Soldiers and their Families. This site is <http://www.armyds3.org>

### **6-3. OTSG/MEDCOM Medical Review Board:**

- a. Reviews the MRP2 packet to determine if sufficient documentation is available to make a sound clinical decision to return the Soldier to active duty for evaluation and treatment of illness, injury, or disease connected to a contingency operation.
- b. Makes a recommendation whether Soldiers should or should not be advised that they may voluntarily return to active duty under provisions of the MRP2 program based on available medical information. Medical documentation from the active duty mobilization period is a key component for supporting an aggravation claim for any pre-existing medical condition. However, the MRP2 medical review board will recognize that some Soldiers might not have documentation or might not seek treatment until after REFRAD.
- c. Two of the three members must recommend approval before a Soldier is offered MRP2 orders. (See Enclosure 8 for MRP2 program board case review memorandum.)
- d. Notifies HRC-A in writing why a Soldier does not meet the medical requirements for acceptance into the MRP2 program.

### **6-4. HQDA, DEPUTY CHIEF OF STAFF (DCS), G-1:**

Provides implementation guidance for the MRP2 program.

### **6-5. SOLDIER'S UNIT:**

- a. Ensures Soldiers are counseled on Incapacitation (INCAP) pay and the MRP2 program options and provisions prior to submitting request packets to HRC-A. OTSG Soldier's Handbook is available at the WTU – Consolidated Guidance

Army, G-1 website to assist educating Soldiers and their leadership:  
[http://www.armyg1.army.mil/wtu/docs/WTU\\_Reference\\_Sections.pdf](http://www.armyg1.army.mil/wtu/docs/WTU_Reference_Sections.pdf)

b. Assists Soldiers compile request packets and for forwarding completed packets to HRC-A for consideration.

c. Submits the completed MRP2 application as follows:

1) **Army Reserve** Troop Program Units (TPUs) will forward the completed MRP2 application packets as follows:

- a) Original packet from the unit directly to HRC-A, 200 Stovall St., Attn: AHRC-PL-M-MS (MRP2 Program), Alexandria, VA 22332.
- b) Informational copy, following Health Insurance Portability and Accountability Act of 1996 (HIPAA) standards, is sent through the unit's Regional Readiness Command (RRC), through the Regional Medical Command (RMC), to HRC-STL Surgeon Office, AHRC-SG, 1 Reserve Way, St. Louis, MO 63132-5200.
- c) Ensures Soldiers hand carry a copy of their medical records to unit of assignment.
- d) For Individual Ready Reserve (IRR) and Individual Mobilization Augmentee Soldiers HRC-STL Personnel Career Manager (PCM) will:
- e) Original packet from the unit directly to HRC-A, 200 Stovall St., Attn: AHRC-PLM-MS (MRP2 Program), Alexandria, VA 22332.
- f) Informational copy, following Health Insurance Portability and Accountability Act of 1996 (HIPAA) standards, is sent through Headquarters, Personnel Actions and Services, Attn: AHRC-PAP-A, 1 Reserve Way, St. Louis, MO 63132-5200 to HRC-STL Surgeon Office, Attn: AHRC-SG, 1 Reserve Way, St. Louis, MO 63132-5200.
- g) Ensures Soldiers hand carry a copy of their medical records to unit of assignment.

2) **ARNG** units in compliance with 10 USC 12301(h) will forward the completed MRP2 application packets as follows:

- a) Before submitting this packet, the ARNG unit commander signing the DA 4187 requesting Soldier consideration for the MRP2 program must obtain consent from the State Governor or other appropriate authority of the State concerned through JFHQ, Health Systems Specialist Headquarters (HSS) allowing the Soldier to be ordered to active duty in a voluntary status.

- b) Original packet from unit directly to Human Resources Command - Alexandria, 200 Stovall St., Attn: AHRC-PL-M-MS (MRP2 Program), Alexandria, VA 22332.
- c) Sent informational copy with limited documents, in accordance with (IAW) HIPAA, through the JFHQ-[State] Health Systems Specialist (HSS) to NGB.
- d) Ensures Soldiers hand carry a copy of their medical records to unit of assignment.
- e) Coordinate with the gaining installation to which Soldier will report once orders are received. Sends medical records to the medical treatment facility at the gaining installation IAW AR 40-66, Medical Records Administration and Health Care Documentation.

#### **6-6. HRC-A:**

- a. Receives and reviews initial and extension MRP2 packets for completeness. See Enclosure 2 and 3 of this document for a list of initial and extension packet documents.
- b. Determines whether Soldiers meet administrative criteria to enter the MRP2 program.
- c. Forwards application packets to the OTSG MRP2 medical review board for medical recommendation.
- d. Maintains MRP2 medical review board decision and opinion with the original MRP2 packet at HRC-A.
- e. Notifies Soldiers in writing the reason(s) why he/she does not meet the administrative or medical requirements for acceptance into the MRP2 program and for what alternative medical care Soldiers may be eligible.
- f. Maintains accountability of MRP2 participants by maintaining a tracking program containing at the minimum the following data on each MRP2 program participant:
  - 1) Date an initial, extension, and/or appeal MRP2 packet is received at HRC-A.
  - 2) Initial orders start date for the MRP2 program.
  - 3) Current MRP2 order end date.
  - 4) Total number of days a Soldier is on MRP2 orders.
  - 5) Installation assignment.

- 6) If applicable, CBHCO attachment.
  - 7) What RC component – ARNG or USAR.
  - 8) Soldier's first, last name, and middle initial.
  - 9) The Soldier's Social Security number.
  - 10) Order distribution dates from HRC-A.
  - 11) REFRAD or separation date from MRP2 program
  - 12) Soldier's disposition from the MRP2 program.
- g. Coordinates with OTSG/MEDCOM through the RMC Senior Case manager for WTU assignment.
  - h. Publishes MRP2 assignment, attachment, and REFRAD orders. Orders will state Soldiers are in the MRP2 program for C2 and accountability purposes. The period of active duty service for each MRP2 order is 179 days. Each subsequent request for extension requires a DA 4187 signed by the Soldier and his/her designated commander. (See Enclosure 2 and 3 for checklists of documents required for an initial and extension order request.)
  - i. Effective order date for the MRP2 order will be the date HRC-A received a complete packet requesting MRP2.
  - j. Effective date for the MRP2 order for an appeal case will be the date HRC-A received a complete appeal packet.
  - k. Sends orders via email to the Warrior Transition Unit (WTU) commander along with a courtesy copy of the DA 4187 with the Soldier's and unit contact information to the following: the Regional Medical Command (RMC) Senior Case Manager, the Soldier's unit (or other requestor if Soldier's unit is deployed), Defense Finance and Accounting Service (DFAS). The ARPERCEN Orders and Resources System (AORS) in Human Resources Command – St. Louis (HRC-STL) will automatically forward via mail a copy to the Soldier's home address, Soldier's parent unit and Joint Field Headquarters (JFHQ) or Regional Readiness Command (RRC).
  - l. Track MRP2 Soldiers order expiration and notify the RMC Senior Case Manager and the Soldiers' installation WTU or command element when a Soldier is 90, 60, and 30 days from MRP2 order expiration.
  - m. Receives MRP2 declination appeals, tracks appeal actions, forwards appeals to the OTSG for action, receives OTSG decision, notifies the Soldier of appeal outcome, and retains appeal results.

#### **6-7. IMCOM:**

- a. Coordinate with original mobilization installation and losing installation for transfer of records, documentation of Deployment Cycle Support training and other administrative information, as appropriate IAW AR 600-8-101.

- b. Conduct IMCOM specific Deployment Cycle Support (DCS), Stage V, Re-deployment, tasks for WTU Soldiers and their Families IAW the Department of the Army DCS Directive. This web site is [www.armyds3.org](http://www.armyds3.org).
- c. Collaborate with MEDCOM to ensure WTU command completes in-processing requirements including all personnel and pay actions such as personnel status changes to support accountability in Electronic Military Personnel Office (eMILPO), process for pay and update the Defense Enrollment Eligibility Report System (DEERS), and issue of dependent identification cards if necessary in accordance with the eMILPO Functional Guide and AR 600-8-14.

#### **6-8. NGB:**

- a. Provides a physician, physician assistant, or nurse practitioner as requested by OTSG to serve as member of MRP2 review board.
- b. Reviews MRP2 declination appeals received from JFHQ-[State], HSS. Returns appeals back to JFHQ-[State], HSS if grounds for appeal are unfounded or forwards appeals with recommendation for reconsideration to Human Resources Command - Alexandria, Attn: AHRC-PL-M-MS (MRP2 Program), 200 Stovall Street, Alexandria, VA 22332. OTSG is the final authority in the appeal process.

#### **6-9. USARC:**

Provides a physician, physician assistant, or nurse practitioner as requested by OTSG to serve as member of MRP2 review board.

#### **6-10 HUMAN RESOURCES COMMAND – ST. LOUIS, SURGEON OFFICE:**

Reviews MRP2 declination appeals received from the RMCs. Returns appeals back to the RMCs to return through the RC chain of command to the Soldier, if grounds for appeal are unfounded or forwards appeals with recommendation for reconsideration to HRC-A, ATTN: RC Medical Services Section, Attn: AHRC-PLM-MS (MRP2 Program), 200 Stovall Street, Alexandria, VA 22332. OTSG is the final authority for the medical appeal process.

### **7. PERIODS OF ELIGIBILITY:**

RC Soldiers mobilized in support of a contingency operation may apply for MRP2 within six months from their date of REFRAD.

**7-1 Emergent care:** In the event of **an emergent situation** when the Soldier is unable to consciously make the decision to request or decline MRP2, the legal next of kin has the authority to decide for the Soldier. If there is no legal next of kin, the Soldier's unit commander will treat this case as an emergent case and request MRP2 orders on behalf of the Soldier.

## **8. SOLDIERS NOT ELIGIBLE FOR THE MRP2 PROGRAM:**

- a. Soldiers discharged or separated from the Army are not eligible for the MRP2 program.
- b. Soldiers in the Active Guard and Reserve (AGR) are not eligible for the MRP2 program.
- c. Pre-existing Medical Conditions. Soldiers with a pre-existing medical condition not aggravated while on active duty.
- d. In Line of Duty (LOD) - Determinations of "No" or "Not in Line of Duty".
- e. Soldiers in an approved Continuance On Active Duty Reserve (COAR) status.
- f. Pregnancy will **not** be a criterion for entry into the MRP2 program. A Soldier who is qualified for the MRP2 program who is also pregnant may apply into the MRP2 program if the pregnancy will not interfere with the medical care provided for the qualifying illness or injury. A Soldier whose pregnancy interferes with the care, treatment or evaluation of her illness or injury will be REFRAD from the MRP2 program. She may be brought back after the current pregnancy for the completion of her care.

**9. MRP2 AND FEDERAL COMPENSATION:** A Soldier may not receive pay and benefits under the MRP2 program and any other Federal or State benefits concurrently, unless otherwise permitted by law.

## **10. MRP2 APPEAL, EXCEPTION OR RESUBMISSION PROCESS FOR ADMINISTRATIVE OR THE MEDICAL REVIEW BOARD:**

- a. The Warrior in Transition - Consolidated Guidance (WTU- CG) outlines the policies for the WT programs consisting of the MRP and MRP2 programs. The programs were established to provide medical care for RC Soldiers who incurred medical conditions in support of GWOT. Applications must be submitted as outlined in this guidance.
- b. In addition, the WTU - CG outlines the policies for the Active Duty Medical Extension (ADME) program. This program was established to provide medical care for RC Soldiers with a documented in the line of duty incurred or aggravated injury, illness, or disease non-GWOT.

- c. Exceptions to the existing policies may be requested as outlined below in 'The WTU Exception Process'. Appeals to decisions rendered can be submitted as outlined below in 'The WTU Appeal Process'.
- d. An incomplete application will not be processed. The identified missing administrative or medical documents/information will be noted and the Soldier will be notified through their chain of command. The identified missing documents/information must be resubmitted through HRC-A by the identified suspense date.

## **10-1 The MRP2 Exception Process:**

- a. For purposes of documentation the WTU - CG defines '**EXCEPTION**' as a request by the Soldier to waive a rule or a policy statement based on mitigating or exceptional circumstances.
- b. The routing for exception requests to established WTU policy will be through HRC-A to HQDA, G1 (DAPE-MPE-IP), Attn. WTU MRP2 Exception, Room 1C449, 300 Army Pentagon, Washington DC, 20310.

### **(1) The process for exceptions will be as follows:**

- a) Soldier requests an exception utilizing the 'Exception request' form (enclosure 11) to established policy through their chain of command. A cover letter detailing the individual's situation and reason for exception request must be submitted along with all appropriate packet documentation to HRC-A. An example for exception request may be a request to submit a packet passed the six-month timeline.
- b) HRC-A will review the packet for completeness and submit it to HQDA G1 for review.
- c) HQDA G-1 will process the exception request and provide an approval/disapproval to HRC-A within five business days.
- d) HRC-A will notify the Soldier through their chain of command of the decision.

### **2) Approval of an exception request:**

If the request for exception is approved, HRC-A will notify the Soldier through their chain of command. The effective order date will be the date HRC-A first received a complete application from the Soldier. HRC-A will notify the Soldier of the order effective date and where and when the Soldier is to report.

### **3) Denial of an exception request:**

If the request for exception is denied, HRC-A will notify the Soldier through the chain of command that the exception is denied. The Soldier may appeal a denial of an exception to Army HQDA, G1 (DAPE-MPE-IP), Attn. Branch Chief,

WTU (MHO)/ADME Exception Appeal, Room 1C449, 300 Army Pentagon, Washington DC, 20310. The unit commander must counsel the Soldier and document the counseling session and keep a copy in the Soldier's personnel file.

#### **10-2. WTU Resubmission Process:**

For purposes of documentation, the WTU- CG defines **RESUBMISSION** as a request by the Soldier to have their **original disapproved packet** reviewed again with **additional documentation**.

- a. The Resubmission process will originate with the Soldier and sent through their chain of command to HRC-A.
- b. The Soldier will submit a letter (in a simple format, not in a memorandum format), along with all the original documentation in the initial application submitted to HRC-A, **any new documents the Soldier has available and the 'Resubmission' form (enclosure 11)** through the company commander or CMO (Career Management Officer).
- c. The Soldier's company commander/CMO will attach a cover letter and forward the complete Resubmission packet to the next level as appropriate. The Soldier's unit commander/CMO must forward the packet within five business days.
- d. Once the packet is sent to the next level, the company commander will inform the Soldier (through the Soldier's AKO account). USAR unit commanders will submit the packet through their respective RRC (or relevant command) to HRC-A at the above address.
- e. NG unit commanders will submit the packet through their respective State National Guard Bureau (NGB) to the Chief, Army NGB [The National Guard Bureau](#), 11411 Jefferson Davis Highway, Arlington VA 22202-3231. Chief, Army NGB will forward the packet with a cover letter to HRC-A, Attn: AHRC-PL-M-MS, 200 Stovall Street, Alexandria, VA 22332
- f. IRR Soldiers will use HRC-St. Louis as their chain of command, the Soldier's CMO will process the application within five business days and forward directly to HRC-A. The CMO will attach a cover letter signed by the first officer in the chain of command.
- g. There is no legal limit on the number of resubmissions, however, unless the original packet contains new information that specifically addresses the reason/s for the original packet's rejection, the Soldier best course of action would be to request an exception or to appeal.

#### **10-3 The MRP2 Appeal Process:**

- a. For purposes of documentation the WTU- CG defines '**APPEAL**' as a request by the Soldier to have their application packet reviewed by a higher level of authority (i.e. HQDA G1 or WTU Physician Consultant) following a disapproval by the initial level of authority (i.e. HRC Alexandria or MRB). The



appeal should include all originally submitted documentation for the specific program with **no new documentation**.

b. The MRP2 appeal process is a two-track process. An administrative track or a medical track.

c. The administrative track will process all appeals specific to administrative issues (i.e. packets received outside identified application window, packets lacking required administrative documentation, such as LOD etc.).

d. The medical track will process all appeals specific to medical issues (i.e. denial of an application due to a preexisting condition, lack of medical documentation, etc.).

**1) The administrative appeal track**, the process for administrative appeal track will be as follows:

a) The administrative appeal track will originate with the Soldier and be sent through the chain of command to HRC-A. This appeal will then be forwarded to Army HQDA, G1 (DAPE-MPE-IP), Attn. WTU (MRP2) Appeal, Room 1C449, 300 Army Pentagon, Washington DC, 20310.

b) The Soldier will submit a letter (in a simple format, not in a memorandum format), **the 'Appeal' form (enclosure 11)** along with all documentation originally submitted to HRC-A (the initial application), no new documents, through the company commander or CMO (Career Management Officer).

c) The Soldier's company commander/CMO will attach a cover letter and forward the complete appeal packet to the next level as appropriate. The Soldier's unit commander/CMO must forward the packet within five business days.

d) Once the packet is sent to the next level, the company commander will inform the Soldier (through the Soldier's AKO account). USAR unit commanders will submit the packet through their respective RRC (or relevant command) to HQDA, G1 at the above address.

e) NG unit commanders will submit the packet through their respective State National Guard Bureau (NGB) to the Chief, Army NGB [The National Guard Bureau](#), 11411 Jefferson Davis Highway, Arlington VA 22202-3231. Chief, Army NGB will forward the packet with a cover letter to HQDA, G1 at the above address.

f) HQDA, G1 is the only Army office authorized to accept or deny any administrative appeals.

g) IRR Soldiers will use HRC-St. Louis as their chain of command, the Soldier's CMO will process the application within five business days and forward directly to HQDA, G1. The CMO will attach a cover letter signed by the first officer in the chain of command.

**2) Approval of an administrative appeal:**

- a) An approval of an administrative appeal does not mean that the Soldier met the medical criteria for admission into the WTU MRP2 process. Once an administrative appeal is approved, HQDA, G1 will forward the packet to HRC-A for processing and review by the Medical Review Board (MRB).
- b) A determination by the MRB that the Soldier is medically qualified for MRP2 will be completed within five business days. This determination will result in orders published by HRC-A.
- c) The effective order date will be the date HRC-A first received a complete packet from the Soldier. HRC-A will notify the Soldier of the order's effective date and where and when the Soldier is to report.

### **3) Denial of an MRP2 administrative appeal:**

- a) HQDA, G1 will send denials of an administrative appeal to HRC-A. HRC-A will forward the decision to the Soldier through the Soldier's chain of command.
- b) The Soldier's unit commander must counsel the Soldier his appeal denial and that the Soldier has an option to appeal through the Army Board for Correction of Military Records (ABCMR) at [http://arba.army.pentagon.mil/abcmr\\_app\\_proc.htm](http://arba.army.pentagon.mil/abcmr_app_proc.htm) . The unit commander must document the counseling session and keep a copy in the Soldier's personnel file.

### **4) The MRP2 medical appeal track:**

- a) The Soldier will initiate all medical appeals through the chain of command to HRC-A. The appeal will then be forwarded to the Office of the Surgeon General (OTSG), WTU Physician Consultant, Dept. of the Army Pentagon, Attn: DASG-ZH, 800 Army Pentagon, Room 2A486, Washington, DC 20310-0800.
- b) The Soldier wishing to appeal a MRB decision will initiate the appeal process through the chain of command. The Soldier will submit a letter (in a simple format, not in a memorandum format) with all documentation originally submitted to HRC-A for review by the MRB with **no new medical documents and the 'Appeal request form (enclosure 11).**
- c) The MRB is a three-person board representing all Army components. The medical appeal board consists of the WTU Physician Consultant.
- d) The Soldier's company commander will attach a cover letter and forward the complete appeals packet to the next level as appropriate. The Soldier's unit commander must forward the packet within five business days. IRR Soldiers will use HRC-St. Louis as their chain of command.
- e) Once the packet is sent to the next higher level, the company commander will inform the Soldier (through the Soldier's AKO account). USAR unit commanders will submit the packet through their respective RRC (or relevant command) to OTSG at the above address. NG unit commanders will submit the packet through their respective state National Guard Bureau (NGB) to the Chief, Army NGB [The National Guard Bureau](#), 11411 Jefferson Davis Highway, Arlington VA 22202-3231. Chief, Army NGB will forward the packet with a cover letter to the Office of the Surgeon General (OTSG), WTU – RC Physician

Consultant, Pentagon: Attn; DASG-ZH, 800 Army Pentagon, Room 2A486, Washington, DC 20310-0800.

**5) Approval of a medical appeal:**

- a) An approval of a medical appeal means that the Soldier met all administrative and medical criteria for admission into the WTU/ADME process. Once a medical appeal is approved, the WTU Physician Consultant will forward the packet to HRC-A within 5 business days for processing. This determination will result in orders being published by HRC-A.
- b) The effective order date will be the date HRC-A first received a complete packet from the Soldier. HRC-A will notify the Soldier of the order effective date and where and when the Soldier is to report.

**6) Denial of a medical appeal:**

- a) OTSG, WTU Physician Consultant will send denials of a medical appeal to HRC
- b) HRC-A will forward the decision to the Soldier through the Soldier's chain of command.
- c) The Soldier's unit commander must counsel the Soldier that his appeal was denied and that the Soldier has an option to appeal through ABCMR at [http://arba.army.pentagon.mil/abcmr\\_app\\_proc.htm](http://arba.army.pentagon.mil/abcmr_app_proc.htm). The unit commander must document the counseling session and keep a copy in the Soldier's personnel file.

**7) Duplicate appeals, complaints or intervention requests.**

- a) A Soldier must notify HQDA, G1 of any other previously filed appeals complaints or intervention requests other than the current appeal. For example, IG complaints, appeals for congressional intervention, etc. The reason is to eliminate duplication of investigation and encourage coordination between the various agencies.
- b) Once HQDA, G1 or OTSG, WTU Physician Consultant denies an appeal, the **Soldier may not appeal the same case again to HQDA, G1 or to the OTSG, WTU Physician Consultant.** The Soldier, if they wish to appeal again, must do so through ABCMR.
- c) Any Soldier is entitled to appeal a denial by HQDA, G1 or OTSG's, WTU Physician Consultant to ABCMR at [http://arba.army.pentagon.mil/abcmr\\_app\\_proc.htm](http://arba.army.pentagon.mil/abcmr_app_proc.htm).

**11. SELECTION AND ASSIGNMENT PROCESS:**

- a. RC chain of command counsels Soldiers on INCAP pay and the MRP2 program options and provisions prior to submitting request packet to HRC-A. A RC teaching tool is available in the WTU - CG or at the following Army, G-1, web

site to assist educating Soldiers and their leadership.  
<http://www.armyg1.army.mil/MilitaryPersonnel/policy.asp>

b. RC chain of command assists Soldiers in completing the MRP2 application packet.

c. Soldiers submit their application through their RC chain of command as follows:

1) Army Reserve unit will forward the completed MRP2 application packets through the following paths:

- a) Original packet from the unit directly to Human Resources Command - Alexandria, ATTN: AHRC-PL-M-MS (MRP2 Program), 200 Stovall St., Alexandria, VA 22332.
- b) Informational copy, following HIPAA standards, is sent through the unit's RRC, through the RMC, to HRC- St. Louis Surgeon Office, AHRC-SG, 1 Reserve Way, St. Louis, MO 63132-5200.
- c) Soldier will hand carry a copy of their medical records to unit of assignment.

2) Army National Guard unit will forward the completed MRP2 application packets through the following paths:

Original packet from unit directly to Human Resources Command – Alexandria, ATTN: AHRC-PLM-MS (MRP2 Program), 200 Stovall St., Alexandria, VA 22332.

Sent informational copy with limited documents IAW HIPAA through the JFHQ-[State], HSS to NGB.

- a) HRC-A receives the applications and reviews them for administrative eligibility. Forward applications that meet administrative eligibility to OTSG, ATTN: The Office of the Assistant Surgeon General for Force Projection. HRC-A sends a letter of regret to the Soldiers who are not eligible for MRP2 along with an explanation of why they were not eligible and their right to appeal.
- b) The Office of the Assistant Surgeon General for Force Projection receives the administratively approved applications from HRC-A and convenes the MRP2 Medical Review Board.
- c) The completed board packets and decisions are returned to HRC-A, ATTN: RC Medical Services Section.

- d) HRC-A sends a letter of regret to the Soldiers who were not approved for participation into the MRP2 program along with a brief explanation of why they were not selected and their right to appeal. HRC-A maintains the disapproved applications in a file until the end of the current contingency operation plus two years.

Or

- 3) HRC-A sends the approved application to the RMC with the area responsibility for the Soldier's home of record (HOR).
  - a) The RMC, Senior Case Manager, in coordination with MEDCOM determines the best installation/MTF for assignment and provides that information to the RC Medical Services Section at HRC-A. The installation of assignment might not be the closest one to the Soldier's residence. If appropriate, the RMC will coordinate with other RMCs to ensure appropriate assignment based on medical and garrison capability and capacity to manage the Soldier.
  - b) HRC-A publishes MRP2 orders for the selected Soldiers, assigning them to the installation designated by the RMC. All Soldiers will report initially to an Army MTF for evaluation and development of initial treatment plan.
  - c) After initial evaluation and treatment plan has been completed, the MTF and WTU, a designated medical authority on the installation, will coordinate with the garrison the commander representative to determine whether Soldiers remain at the installation or are transferred to another MTF/installation or to a CBHCO. Decisions will be based primarily on medical necessity.
  - d) Medical and dental care authorized under the MRP2 program shall be provided until the member is found fit for military duty, or the injury, illness, or disease cannot be materially improved by further hospitalization or treatment and the member has been separated or retired as the result of the PDES as provided in DODD 1332.18 and Instruction 1332.38 (references (e) and (f)). Refer Soldiers with conditions listed in Army Regulation (AR) 40-501, Standards of Medical Fitness, Chapter 3 who do not meet the required medical standards to the PDES. Physicians who identify Soldiers with medical conditions listed in AR 40-501, Chapter 3 should initiate a Medical Evaluation Board (MEB) at the time of identification. Soldiers who remain not fit to perform military duty 1 year after initial date when the injury, illness, or disease was first incurred or aggravated shall be referred to the PDES if the member is not projected to be fit for duty within the next 6 months. Once entered into the PDES, the Soldier remains on active duty as part of the MRP2 program until final disposition of the PDES, including the appeals process.

- e) See page 107, Section 24 of this document for processes to separate or REFRAD Soldiers.

## **12. CBHCO SELECTION CRITERIA:**

- a. What is a CBHCO? To alleviate the burden on the Army's billeting and to enhance Soldier's well being, certain qualified WT Soldiers may be assigned to receive care while assigned to a WTU, attached to a CBHCO unit with duty at home of record (HOR).
- b. Soldiers selected to a CBHCO must keep all medical appointments, and perform all duties as assigned by their CBHCO commander. Soldiers who cannot maintain their medical care or appointments as prescribed by a military medical care provider will be REFRAD or assigned to MTF.
- c. All Soldiers in the CBHCO, C2 and patients, are subject to UCMJ.
- d. WT selected and attached to a CBHCO are not eligible for Combat-Related Injury Rehabilitation Pay (CIP).
- e. C2 and medical authorities will consider all WT Soldiers for the CBHCO unless specifically excluded by eligibility criteria.
- f. The qualified for attachment to a CBHCO is a joint decision between the C2 and medical authorities at the installation and the CBHCO and should best facilitate the WT progression to obtaining optimal medical benefit.
- g. Eligibility criteria is as follows:
  - 1) Meet all eligibility criteria to enter MRP 10 USC 12301(h) orders.
  - 2) Unencumbered by legal or administrative action or holds, including Soldiers who are flagged for adverse action or undergoing chapter actions. [Soldiers with behavioral disorders (Axis II) that render a Soldier administratively unfit/non-retainable should not be selected for the CBHCO. These Soldiers will be processed for separation IAW personnel policy.]
- d. The command will address the following criteria to qualify and select a WTU Soldier for CBHCO attachment:
  - (1) Soldier attends required unit activities and scheduled medical appointments and demonstrates the reliability required for remote C2 and administrative management.

(2) As assessed by the command and medical authority, the WT Soldier has a housing plan for a permanent (not transient) residence that accommodates functional limitations, has a street address and provides for telephonic contact. Soldier's planned residence is not within the area of responsibility of another WTU (MRPU), unless a case-by-case exception to policy is agreed upon [Example: Soldier cannot be homeless or living in a temporary shelter.] Most Soldiers' residence and home of record will be the same, however, exceptions may be granted on a case-by-case basis. Soldiers might choose to live with Family members who can assist in their convalescent or rehab care.

(3) As assessed by the command and medical authority, the WT Soldier has reliable transportation to travel to and from medical appointments as well as designated place of duty that accommodates any physical limitations. [Reliable transportation might include use of mass transit system, or Family/friend providing rides.]

(4) Availability of appropriate duties at an appropriate work site or place of duty within limits of physical profile and within commuting distance from residence, normally within 50 miles of residence.

(5) Soldiers who are physically capable of work are to perform duties primarily in support of Title 10 mission. If performing work in a Title 32 organization, the majority of duties must support Title 10 versus Title 32 functions.

**12-1. Medical selection for CBHCO.** The designated medical authority at the installation in coordination with the CBHCO medical authority will make the medical selection for the CBHCO. The Deputy Commander for Clinical Services, representing the Director of Health Services at the installation, has arbitration authority. The RMC has appellate authority.

- a. Soldiers must require a minimum of 60 days of clinical care to achieve optimal medical benefit. Soldiers who will achieve optimal medical benefit within 60 days or are already engaged in the MEB/PEB process are best served by remaining on the installation and expeditiously completing their medical disposition.
- b. Soldier's preliminary or working diagnosis and care plan can be managed by the CBHCO and confirmation that appropriate medical care is available within commuting distance from residence. Commuting distance is normally 50 miles from primary care or frequent, recurring appointments such as physical therapy. Specialty/sub-specialty care might require overnight TDY
- c. In most cases, a Soldier currently with the following conditions, not commonly treated by civilian practitioners, should not be considered for CBHCO management

- 1) Exposure to depleted uranium.
- 2) Exposure to chemical, biological, radiological, or nuclear agents.
- 3) Leishmaniasis.

**12-2. The outline for Implementing Instructions for Community Based Health Care Organization (CBHCO) Referral Process is in MRP2 Annex A.**

**13. INCAP PAY:**

Solders are encouraged to become familiar with the INCAP pay policy before applying for MRP2. INCAP pay might be an option available to the Soldier and preferred over entering the MRP2 program. The Soldier can contact their RC chain of command to be considered for INCAP pay and/or review AR 135-381, Incapacitation of Reserve Component Soldier. A Soldier may not draw INCAP pay and concurrently be in the MRP2 Program.

**14. MRP2 REQUEST:**

- a. Soldiers must be counseled by an individual in their RC chain of command familiar with the MRP2 and the INCAP pay programs before making application to the MRP2 program. Enclosure 5 of this guidance must be used in this counseling, completed, and included as part of the application packet. An educational tool to assist first line supervisors and Soldiers become familiar with the MRP2 and the INCAP programs is available at the following Army, G-1 website:  
<http://www.armyg1.army.mil/MilitaryPersonnel/policy.asp>
- b. Soldiers must volunteer for a recall to active duty for medical assessment/treatment. Using the MRP2 checklist (See Enclosure 2 and 3), a packet is assembled and submitted to HRC-A Medical Cell at FAX 703-325-8770/4838 or DSN 221-8770/4838. The MRP2 guidance can be found on the Army, G-1 website at:  
[www.armyg1.army.mil/MilitaryPersonnel/policy.asp](http://www.armyg1.army.mil/MilitaryPersonnel/policy.asp)

**15. DECLINATION OF MRP2:**

Soldiers may decline MRP2 up to the time of MRP2 orders publication. If the Soldier is eligible and wishes to withdraw his/her MRP2 application, the Soldier must sign a declination of MRP2 Statement (See Enclosure 7). Soldiers may decline without prejudice prior to MRP2 orders publication.



## **16. REQUEST FOR WITHDRAWAL:**

- a. HRC-A is the approval authority to approve or deny MRP2 program REFRAD requests.
- b. A Soldier may request to withdraw from the MRP2 Program:
  - 1) During a 179-day MRP2 order, but that approval is subject to the Army's needs. A request for REFRAD during a 179-day MRP2 order will be denied, except for extreme circumstances, if the Soldier has not completed their medical care, and if applicable, the PDES process.

Or

  - 2) At the end of a 179 day MRP2 order regardless whether the Soldier's medical care, and if applicable, the PDES process is completed.
- c. REFRAD withdrawal request documents:
  - 1) For REFRAD requests, the Soldier must submit a DD Form 4187 and MRP2 Program Withdraw Statement (See Enclosure 7 for sample) through his or her chain of command to HRC-A Medical Cell requesting REFRAD.

The Soldier signs the Withdrawal Statement after counseling by an individual knowledgeable in the MRP2 program, INCAP pay, and the TAMP if military medical authority advises the Soldier should be retained on active duty for further evaluation and treatment. References are available at the WTU Consolidated Guidance or on-line at the following Army G-1 web site to assist in educating Soldiers and their leadership on the MRP2 program, INCAP pay, <http://www.armyg1.army.mil/MilitaryPersonnel/policy.asp>, TAMP information at <http://www.tricare.mil/factsheets/viewfactsheet.cfm?id=317>)

- d. Upon REFRAD, the Soldier will return to their respective component control. Soldiers who require completion of any portion of the Army PDES and elect REFRAD will have a DA Form 3349, Physical Profile prepared that clearly indicates the diagnosis and current status in the Army PDES process. A copy of the DA 3349 must be given to the Soldier and his or her chain of command.

## **17. DUTY ASSIGNMENT:**

The duty status of RC Soldiers recalled under the MRP2 Program will change to Active Duty when the HRC-A medical cell and the MRP2 medical review board determine a Soldier is eligible for the MRP2 program. The HRC-A medical cell publishes orders assigning the Soldier to the WTU (MRPU) or C2 element at the

gaining installation. Assignment is determined by the RMC in coordination with MEDCOM to determine the best installation/MTF for assignment based on the MTF to provide necessary evaluation, treatment, and capacity of the installation to provide C2 and administrative support of the MRP2 Soldier, and proximity to Soldier's home.

#### **18. REASSIGNMENT PROCESS:**

- a. Assignment of Soldiers to the WTU or C2 element UP 10 USC 12301(h).
- b. The request packet will include all items listed in Enclosure 2.
- c. HRC-A sends orders via email to the WTU commander with a courtesy copy of the DA 4187 with the Soldier's and unit contact information, the RMC Senior Case Manager, the Soldier's unit (or other requestor if Soldier's unit is deployed), and DFAS. AORS in HRC-STL will automatically forward via mail a copy to the Soldier's home address, Soldier's parent unit and JFHQ or RRC.
- d. All Soldiers on MRP2 orders will be assigned to an Army installation and undergo evaluation and development of treatment plan prior to further attachment to a CBHCO. Refer to OTSG/MEDCOM WTU CBHCO implementation guidance for Soldiers selected for attachment to the CBHCO.
- e. In coordination with MEDCOM, HRC-A will issue all orders moving MRP2 participants between WTUs and between a WTU and CBHCO.
  - 1) Upon request from the WTU C2, HRC-A issues and amendment to the original assignment order reassigning the Soldier to a new WTU.
  - 2) Upon request from the WTU C2, HRC-A issues and amendment to the WTU assignment order for further attachment to and from a CBHCO.

#### **19. ESTIMATED TIME OF SEPARATION (ETS) OR MANDATORY REMOVAL DATE (MRD):**

A Soldier will be discharged on the expiration of his or her service obligation or upon reaching MRD unless action is taken to retain the Soldier beyond service expiration. Soldiers with a military physician's recommendation may volunteer to remain in the service beyond their ETS or MRD to undergo required health care or complete processing through the PDES. This retention can only be approved by HRC-A. The Soldier must consent to remain beyond ETS or MRD. The WTU Commander will contact HRC-A for instructions to extend the Soldier at a minimum of 45 days prior to such ETS or MRD. DA Form 4836 (Oath of Extension of Enlistment or Reenlistment) in addition to DA FORM 4187 Personnel Action, must be completed, signed by the requesting Soldier and forwarded through the WTU

chain of command to HRC-A. HRC-A is the final authority to approve or decline extension requests. Forward requests to:

Human Resources Command - Alexandria  
ATTN: AHRC-PLM-MS  
200 Stovall Street  
Alexandria, VA 22332

Information about “18 Years Active Federal Service” (AFS) is in section 19, chapter 2, page 37.

## **20. EVALUATION REPORTS:**

Soldiers reassigned to the WTU or C2 element will need a change of duty evaluation report (Officers, Warrant Officers and NCOs), provided the requirements of AR 623-3 are met. Once assigned to the WTU or C2 element, no evaluation is required. Time spent in the WTU will be non-rated time. NCOERs and OERs will reflect non-rated time (code P), IAW DA PAM 623-3.

## **21. PROMOTIONS:**

Soldiers remain otherwise fully eligible for promotion while assigned to Warrior Transition Units. Refer to AR 600-8-19 and the Army's Personnel policy Guidance (PPG) at the following website <http://www.armyg1.army.mil/MilitaryPersonnel/ppg.asp> for all related promotion policies.

## **22. PAY:**

Soldiers will remain under the Reserve Component Pay System. Soldiers on MRP2 orders will maintain their (BAH) based on their residence zip code on original mobilization order IAW interim change to JFTR Volume 1, Chapter 10. Soldiers will maintain Family Separation Allowance (FSA) if otherwise entitled (DODFMR, Volume 7A, Chapter 27). Basic Allowance for Subsistence (BAS) will continue according to the PPG.

## **23. LEAVE:**

- a. Leave is accumulated while on active duty on MRP2 orders IAW AR 600-8-10.
- b. The WTU or C2 element is encouraged to grant leave so long as it does not interfere with or extend the Soldier's:
  - 1) medical care,
  - 2) medical retention and evaluation process, or
  - 3) delay out-processing from the MRP2 program (unless for transition leave).

- c. Upon Soldiers' REFRAD or separation, unused leave may be sold back, if eligible. Transitional leave may be granted for Soldiers as they are separating. Permissive TDY (PTDY) is **not** authorized.
- d. d. HRC-A may extend MRP2 orders in order to complete approved *Transition leave* past the original anticipated MRP2 orders end-date.

## **24. REFRAD AND SEPARATION PROCESSING:**

### **a. Soldiers being REFRAD:**

- 1) When a Soldier has been medically cleared to return to duty, the Soldier's C2 element will forward the DA FORM 4187 requesting REFRAD (signed by the Company Commander) and a "fit-for-duty" (signed by the Soldier's primary care giver) to Human Resources Command - Alexandria, ATTN: AHRC-PL-M-MS, 200 Stovall Street, Alexandria, VA 22332.
- 2) HRC-A will forward a REFRAD authorization memorandum to the supporting WTU and the Transition Center. Upon receipt of the REFRAD authorization memorandum, the WTU administrative specialist will coordinate with the Transition Center for the Soldier to process DD Form 214.
- 3) The WTU administrative specialist will coordinate with the Installation Transition Center to publish the final DD 214 and the REFRAD order and make any corrections with supporting documents.
- 4) The Transition Center will make the appropriate changes in Transition Processing (TRANSPOC) and review with the Soldier. The transition center will publish the final DD Form 214 and the REFRAD order (format 523) (when publishing the final DD Form 214 the "mobilization service 10 USC 12302" and the "MRP service 10 USC 12301(h)" will be listed as separate period in block 18 of the final DD Form 214).
- 5) The Transition Center will mail copies 1 and 4 along with a copy of the REFRAD order to the Soldier's address listed on the DD Form 214, and distribute other copies of the DD Form 214 as required to include the owning ARNG or USAR unit.
- 6) The WTU administrative specialist is required to complete the eMILPO 5010 transaction. The Transition Center will forward a copy of the final DD Form 214 to the local finance office in order to stop the individual's pay and allowances. The local finance office will complete either an A24 or 900

transactions in Defense Joint Military Pay System (DJMS) to stop the Soldier's pay and allowances.

- 7) The Soldier may be released to his unit with a faxed or emailed copy of the DD FORM 214 and REFRAD order.

**b. Soldiers separated without disability benefits:**

- 1) When a Soldier has processed through the PDES and is selected to separate without physical disability benefits the US Army Physical Disability Agency (PDA) will input the Soldier's personnel data into TRANSPROC.
- 2) When the Installation Transition Center locates the Soldier's information in TRANSPROC, the Transition Center will notify the WTU or C2 element. Upon notification, the WTU or C2 element will locate the Soldier and direct Soldier to begin transition proceedings. Soldiers residing on or near installations will report to the transition center, with their records, for out-processing within 24 hours of the notification. Soldiers attached to CBHCOs will follow MEDCOM WTU/CBHCO procedures.
- 3) The Transition Center will publish the final DD Form 214 and the discharge order using Format 501 and the SPD Code will be JFP, (when publishing the final DD Form 214 the "mobilization service 10 USC 12302" and the "MRP service 10 USC 12301(h)" will be listed as separate periods in block 18 of the final DD Form 214).
- 4) If the Soldier has 15/20 years of creditable Reserve service, has been issued a 15/20 years "Notification for Retired Pay at Age 60" memorandum, and requests to transfer to the Retired Reserve, the Soldier will be REFRAD using Format 523 order and transferred directly to the Retired Reserve.
- 5) The Transition Center will mail copies 1 and 4 along with a copy of the REFRAD order to the Soldier's address listed on the DD Form 214 and distribute other copies of the DD Form 214 as required (to include the parent ARNG or USAR unit).
- 6) The Installation Adjutant General is required to complete the eMILPO 5010 transaction. The Transition Center will forward a copy of the final DD Form 214 to the local finance office in order to stop the individual's pay and allowances. The local finance office will complete either an A24 or 900 transactions in DJMS to stop the Soldier's pay and allowances.

**c. Soldiers Separated with Severance Pay:**

- 1) When processing a Soldier through the PDES and the Soldier is to be separated with Severance Pay, the PDA will input the Soldier's personnel data into TRANSPROC.
- 2) When the Installation Transition Center locates the Soldier's information in TRANSPROC, the Transition Center will notify the WTU or C2 element. Upon notification the WTU or C2 element will locate the Soldier and direct the Soldier to begin transition proceedings. Soldiers residing on or near installations will report to the Transition Center, with their records, for out-processing within 24 hours of the notification. Soldiers attached to CBHCOs will follow MEDCOM WTU/CBHCO procedures.
- 3) The Transition Center will publish the final DD Form 214 and the discharge order using Format 501 and the SPD Code will be JFL, (when publishing the final DD Form 214 the "mobilization service 10 USC 12302" and the "MRP service 10 USC 12301(h)" will be listed as separate periods in block 18 of the final DD Form 214).
- 4) If the Soldier has 20 years of creditable Reserve service and has been issued a 15/20 years "Notification for Retired Pay at Age 60" memorandum and requests to be transferred to the Retired Reserve, the Soldier will be REFRAD using Format 523 orders and transferred directly to the Retired Reserve.
- 5) The Transition Center will mail copies 1 and 4 along with a copy of the REFRAD order to the Soldier's address listed on the DD Form 214 and distribute all other copies of the DD Form 214 as required.
- 6) The Installation Adjutant General is required to complete the eMILPO 5010 transaction. The Transition Center will forward a copy of the final DD Form 214 to the local finance office in order to stop the individual's pay and allowances. The local finance office will complete either an A24 or 900 transactions in DJMS to stop the Soldier's pay and allowances.
- 7) **THE SEVERANCE PAY TRANSACTION WILL BE INPUT BEFORE THE SOLDIER DEPARTS THE ACTIVE ARMY INSTALLATION OR THE CBHCO.**

d. Soldiers separated to the Temporary Disability Retirement List (TDRL)/ Permanent Disability Retirement List (PDRL):

1. When a Soldier has processed for separation through the PDES to the TDRL/PDRL, the PDA will input the Soldier's personnel data into TRANSPROC.
2. When the Installation Transition Center locates the Soldier's information in TRANSPROC the Transition Center will notify the WTU or C2 element. Upon

notification, the WTU or C2 element will locate the Soldier and direct Soldier to begin transition proceedings. Soldiers residing on or near installations will report to the Transition Center, with their records, for out-processing within 24 hours of the notification. Soldiers attached to CBHCOs will follow OTSG/MEDCOM WTU/CBHCO procedures.

3. The Transition Center will publish the final DD Form 214 and a retirement order using Format 430 (reassignment for separation processing) and Format 610(TDRL) or 612(PDRL) and the SPD Code will be SFK (TDRL) or SFJ (PDRL). When publishing the final DD Form 214 the “mobilization service 10 USC 12302” and the “MRP service 10 USC 12301(h)” will be listed as separate periods in block 18 of the final DD Form 214.
4. The Transition Center will mail copies 1 and 4 along with a copy of the retirement order to the Soldier’s address listed on the DD FORM 214 and distribute all copies of the DD FORM 214 as required.
5. The Installation Adjutant General is required to complete the eMILPO 5010 transaction. The Transition Center will forward a copy of the final DD FORM 214 to the local finance office in order to stop the individual’s pay and allowances. The local finance office will complete either an A24 or 900 transaction in DJMS to stop the Soldier’s pay and allowances.

## **25. RECORDS MOVEMENT:**

- a. Soldier’s Records. Personnel and Medical records will be transferred to the Soldier’s installation of assignment. The WTU will be responsible for disposition of the Soldiers’ records as follows:
  1. Soldiers will not hand carry their medical records. The Soldier will be given a copy of the medical record with the original to follow. The original medical record will be sent from the losing installation to the MTF via mail IAW AR 40-66.
  2. Personnel Records either will be managed by hard copy or scanned files. One copy of the personnel record will be made. The original personnel record will be included with medical records in the mail package and the copy will be hand-carried by the Soldier.
- b. Final Disposition of records will be as follows:
  1. **REFRAD:** The Soldier’s records will be returned to the Soldier’s RC records custodian.

### **2. Separation:**

a) Personnel records will be forwarded to the Army Human Resources Command – St. Louis, ATTN: AHRC-CIS-PV, 1 Reserve Way, St. Louis, Missouri 63132-5200. A copy of the Separation order and DD Form 214 must be included with the personnel records. Soldiers will be given a copy of their retirement order and DD Form 214.

b) Medical Records will be forwarded to the Department of Veterans Affairs, Records Management Center, P.O. Box 5020, St. Louis, MO 63115-5020.

**3. Retirement:** The Soldier's personnel and medical records will be forwarded to the Transition Center processing the Soldier's retirement. Soldiers will be given a copy of their REFRAD order and DD Form 214.



## 26. BENEFITS AND ENTITLEMENTS CHART:

Benefits/Entitlements	References	ADME	MRP/MRP2
Basic Pay	Title 37, Sec 204, 203 & 206 DoDFMR, Vol 7A, Ch 2 DoDFMR, Vol 7A, Ch 57 DoDFMR, Vol 7A, Ch 58	Same as AD	Same as AD
BAH	37 USC 403 JFTR Volume 1, Ch 10	Yes (if on Orders > 30 days)	Yes
BAS	37 USC 402 DoDFMR, Vol 7A, Ch 25 DoDFMR, Vol 7A, Ch 57	Yes	Yes
Family Separation Pay (on AD > 30 Days)	37 USC 402, 427 DoD FMR Vol 7A, Ch 27 & 57.	Same as AD	Same as AD
Tax Benefits (while serving in Combat zone or Hazardous duty Area)	26 USC 112	Same as AD	Same as AD
Combat Related Injury Rehabilitation Pay (CIP)	37 USC 328, ALARACT 134/2006	Not Eligible (unless was injured in combat)	Same as AD, Not if attached to a CBHCO.
Hostile Fire/ Imminent Danger Pay (while serving in Combat zone or Hazardous duty Area)	37 USC 310, DoDI 1340.9, DoD FMR Vol 7A, Ch 10	Same as AD	Same as AD
Hazardous Duty Incentive Pay (while serving in Combat zone or Hazardous duty Area)	37 USC 310, DoDI 1340.9, DoD FMR Vol 7A, Ch 10, Ch 57, Ch 58	Same as AD	Same as AD
Foreign Language Proficiency Pay	37 USC 316, DoDI 7280.3, FMR Vol 7A, Ch 19, Ch 57, Ch 58	Same as AD	Same as AD
Special Duty Assignment Pay	37 USC 307, DoDI 1304.27, FMR Vol 7A, Ch 19, Ch 8, Ch 57	Same as AD	Same as AD
Medical & Dental Special Pay for RC Officers	37 USC 302 & 302b, FMR Vol 7A, Ch 5 & 6	No	Same as AD If on active duty >30 days & < one year.
Special Pay for Other Health Care RC Officers	37 USC 302 & 302b, FMR Vol 7A, Ch 5 & 6	No	Same as AD If on active duty >30 days & < one year.
Member Medical and Dental benefits	10 USC 1074 & 1074a	Same as AD	Same as AD
Tricare Dental Program for RC members	10 USC 1076a	Same as AD	Same as AD
Tricare Dental Program for Dependents	10 USC 1076a	Same as AD	Same as AD

Retirement or Separation for Physical Disability	10 USC 1201 - 1206, DoDI 1332.38	Same as AD	Same as AD
Dependent Medical Benefits	10 USC 1076	Same as AD	Same as AD
Transitional Health Care: Member and Dependents	10 USC 1145	No	Same as AD
<b>Commissary, PX, MWR, Benefits</b>			
Commissary, PX, MWR	10 USC 1063 & 1064	Same as AD	Same as AD
Space Required or Space Available Travel	DoD 4515.13-r	Same as AD	Same as AD
Legal Assistance	10 USC 1044	Same as AD	Same as AD
Accumulation of Leave/ Payment for Unused leave	AR 635-40, AR 600-8-10, Army MILPER Message 05-036	<b>Yes: May be authorized to take Terminal Leave.</b> May Cash Leave at REFRAD	<b>Yes: May be authorized to take Terminal Leave.</b> May Cash Leave at REFRAD
Reemployment rights	Chap 43 of title 38 (section 4312), DoDI 1205.12	<b>Yes:</b> not to exceed <b>five years</b> of cumulative active duty service.	Yes (time ISO contingency operations doesn't count towards five year cap)
Intention to Return to Work: must submit an application to the employer.	Chap 43 of title 38 (section 4312), DoDI 1205.12	< 181 days: within 14 days. > 180 days within 90 days of REFRAD	< 181 days: within 14 days. > 180 days within 90 days of REFRAD
Reemployment or Return to work rights of <b>Hospitalized</b> (inpatients) Soldiers	Chap 43 of title 38 (section 4312), DoDI 1205.12	time will be extended by up to two years.	time will be extended by up to two years.
Employer Pension Benefit Plans	Chap 43 of title 38 (section 4318), DoDI 1205.12	Military service treated as employment time. Employee has up to 5 years to make up any contributions otherwise would have been made to the pension plan.	Military service treated as employment time. Employee has up to 5 years to make up any contributions otherwise would have been made to the pension plan.
Civilian Employment <b>Retention</b> (can not be discharged except for cause)	Chap 43 of title 38 (section 4316), DoDI 1205.12	For 180 days if served > 31 days but < 181 days. For one year if served > 180 days.	For 180 days if served > 31 days but < 181 days. For one year if served > 180 days.
Assistance with reemployment issues	Chap 43 of title 38 (section 4321), DoDI 1205.12	Office of the Assistant Secretary for Veterans' Employment and Training, US DOL, 200 Constitution Ave. NW, Room S-1325, Washington DC 20210. Vets Staff Directory Tel. #(202) 693-4738. <a href="http://www.dol.gov/vets/aboutvets/contacts/main.htm">http://www.dol.gov/vets/aboutvets/contacts/main.htm</a>	Office of the Assistant Secretary for Veterans' Employment and Training, US DOL, 200 Constitution Ave. NW, Room S-1325, Washington DC 20210. Vets Staff Directory Tel. # (202) 693-4739. <a href="http://www.dol.gov/vets/aboutvets/contacts/main.htm">http://www.dol.gov/vets/aboutvets/contacts/main.htm</a>

## 27. POINTS OF CONTACT:

- a. HRC-A, Chief of Medical Support Services Division, DSN 221-6577/9071/9091 or COM (703) 325-6577/9071/9091, [rmedicalretention@conus.army.mil](mailto:rmedicalretention@conus.army.mil)
- b. ASA (M&RA), WTU Team, DSN 223-4980 or COM (703) 697-4980.
- c. OTSG, Reserve Affairs, DSN 223-8151, COM (703) 681-8151.
- d. HQDA G-1, Medical Policy, DSN 223-7874 or COM 703-695-7874.
- e. IMCOM, Military Personnel Division, DSN 332-3311 or COM (703) 602-3311.
- f. NGB, Chief of Clinical Services, DSN 327-7143 or COMM (703) 607-7143
- h. HRC-STL, AHRC-SG, 1 Reserve Way, St. Louis, MO 63132-5200.

## 28. GLOSSARY:

AC	Active Component
AD	Active Duty (means full-time duty in the active military service)
AGR	Active Guard and Reserve
AHLTA	Armed forces Health Longitudinal Technology Application
ALARACT	All Army Activities
AORS	ARPERCEN Orders and Resource System
AR	Army Regulation
ARNG	Army National Guard
ARNGUS	Army National Guard of the United States
ASA (M&RA)	Assistant Secretary of the Army (Manpower and Reserve Affairs)
ADME	Active Duty Medical Extension
ARIMS	Army Records and Information Management System
BAH	Basic Allowance for Housing
BAS	Basic Allowance for Subsistence
BASOPS	Base Operations
C2	Command and Control
CAR	Chief, Army Reserve
CBHCI	Community Based Health Care Initiative
CBHCO	Community Based Health Care Operations
CIP	Combat Related Injury Rehabilitation Pay
CNGB	Chief, National Guard Bureau
CONUS	Continental United States
COTTAD	Contingency Operations Temporary Tour of Active Duty
DCCS	Deputy Chief Clinical Services
DCS	Deputy Chief of Staff
DEERS	Defense Enrollment Eligibility Report System
DES	Defense Enrollment Eligibility Report System
DFAS	Defense Finance and Accounting Service

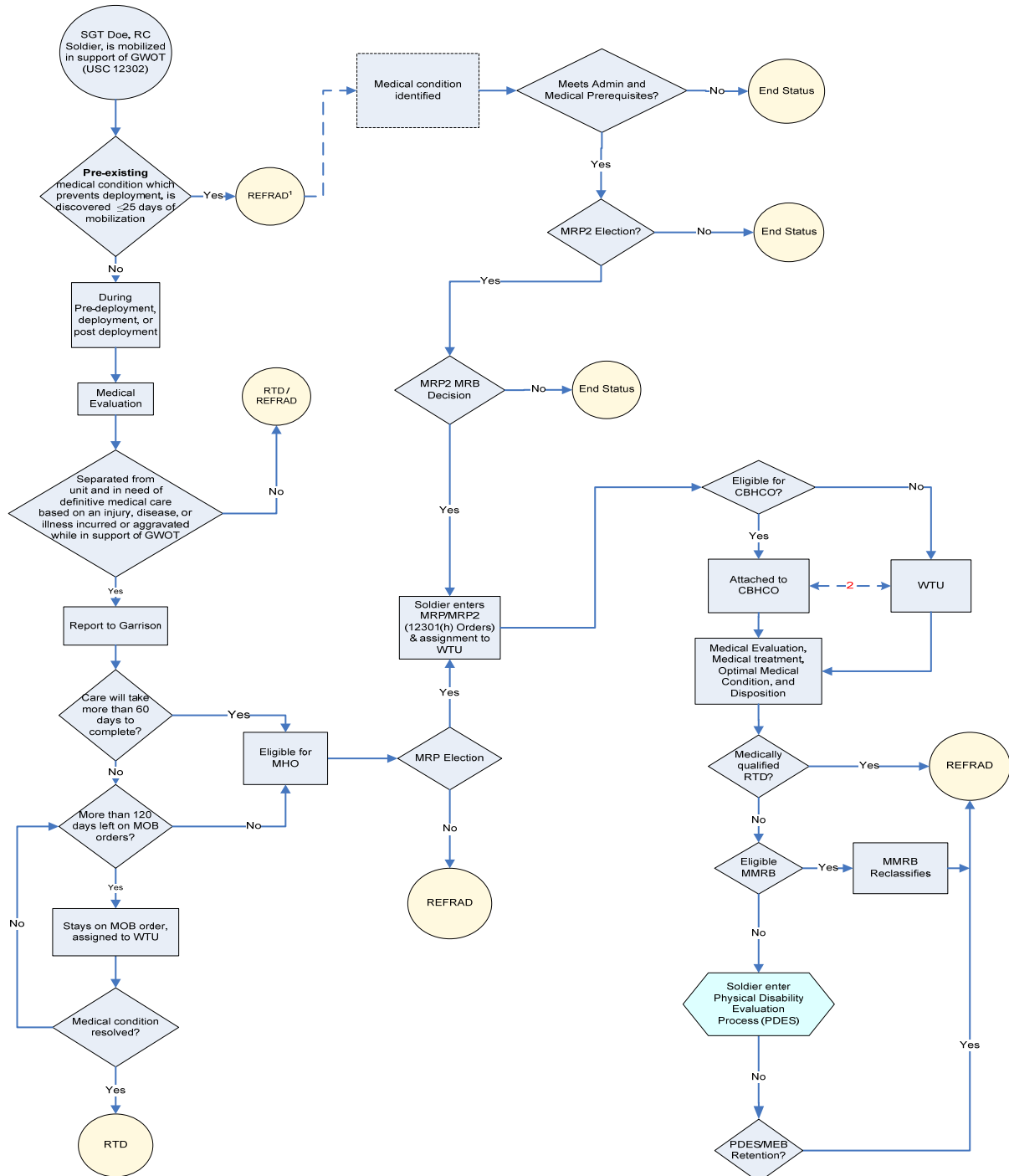
DFAS-IN	Defense Finance and Accounting Service-Indiana
DJMS	Defense Joint Military Pay System
DOD	Department of Defense
DODD	Department of Defense Directive
DODFMR	Department of Defense Financial Management Regulation
DODI	Department of Defense Instruction
eMILPO	Electronic Military Personnel Office
ETS	Estimated Time of Separation
FCP	Family Care Plans
FORSCOM	Forces Command
FRAGO	Fragmentary Order
FSA	Family Separation Allowance
GWOT	Global War on Terrorism
HRC-A	Human Resources Command-Alexandria
HRC-STL	Human Resources Command-St Louis
HQDA	Headquarters, Department of the Army
IAW	In Accordance With
IMCOM	Installation Management Command
IMIT	Information Management/Information Technology
ITA	Invitational Travel Authorizations
<b>ITP</b>	<b>Individual transition plans</b>
JFHQ	Joint Field Headquarters
LDI	Line of Duty Investigation
LNO	liaison Officer
MACOM	Major Army Command
MEB	Medical Evaluation Board
MEDCOM	Medical Command
MEDEVAC	Medical Evacuation
<b>MH</b>	<b>Med Hold (changed to WTU)</b>
MHO	Medical Holdover (changed to WTU)
MODS	Medical Operational Data System
MRD	Mandatory Removal Date
MRP	Medical Retention Processing
MRP2	Medical Retention Processing 2
MRPU	Medical Retention Processing Unit (changed to WTU)
NARSUM	Narrative Summary
NCOER	Noncommissioned Officer Evaluation Report
NGB	National Guard Bureau
NGR	National Guard Regulation
OER	Officer Evaluation Report
OCONUS	Outside the Continental United States
OPORD	Operations Order
OSA	Office of the Secretary of the Army
OSD	Office of the Secretary of the Defense
OTSG	Office of the Surgeon General
PAD	Patient Administration Department

PDA	Physical Disability Agency
PDES	Physical Disability Evaluation System
PEB	Physical Evaluation Board
PEBLO	Physical Evaluation Board Liaison Officer
POC	Point of Contact
PTSD	Post Traumatic Stress Disorder
QA	Quality Assurance
RC	Reserve Component
REFRAD	Release from Active Duty
RMC	Regional Medical Command
RRC	Regional Readiness Command
RTD	Return to Duty
SAR	System Analysis and Review
SFAC	Soldier Family and Assistance Center
SRP	Soldier Readiness Processing
SOP	Standard Operating Procedure
TAMP	Transitional Medical Benefits
TDRL	Temporary Disability Retirement List
TMA	TRICARE management activity
TRANSPOC	Transition Processing
UCMJ	Uniformed Code of Military Justice
USAR	United States Army Reserve
WIA	Wounded in Action
WT	Warrior in Transition
WTU	Warrior Transition Unit



## 29. WTU – RC FLOWCHART:

### Warrior in Transition – RC flowchart



1. RC Soldier identified in the first 25-days with a pre-existing medical condition that renders the individual non-deployable, may be released from active duty (REFRAD) immediately. (Ref: PPG)
2. Soldiers are assigned to the WTU, Attached to the CBHCO (for C2) and, if necessary, with duty at Home of Record.
3. For in depth information: [www.armyg1.army.mil](http://www.armyg1.army.mil) (Warrior in Transition Consolidated Guidance)
4. Once entered into the PDES, Soldier remains in WT status until final PDES disposition, to include appellate process.

Updated: 7 September 2007

**30. ENCLOSURES FOR MRP2 PACKETS:  
MRP2 ENCLOSURE 1 – MRP 2 UNIT COVER LETTER**

REQUESTING UNIT'S LETTERHEAD

OFFICE SYMBOL

DATE

MEMORANDUM FOR Human Resources Command – Alexandria,  
Attn: AHRC-PLM-MS, 200 Stovall Street, Alexandria, VA 22332  
<mailto:rmedicalretention@conus.army.mil>

SUBJECT: Request for Medical Retention Processing 2 (MRP2) Status for:

\_\_\_\_\_  
(Print Soldier's name, rank, and Social Security Number)

Soldier's AKO email: \_\_\_\_\_@us.army.mil

1. The above named Soldier has been counseled about the MRP2 and the Incapacitation Pay (INCAP) programs and desires to return to active duty under the provisions of the MRP2 program.
2. This MRP2 packet has been reviewed for completeness and is submitted for your review and approval.
3. I verify that this Soldier was mobilized on contingency operation orders and that his/her medical condition(s) are a result of the mobilization tour and were sustained or aggravated in the line of duty. I further verify that this Soldier is not currently undergoing any UCMJ or adverse administrative actions. I recommend that this Soldier be returned / remain on to active duty under provisions of the MRP2 program.  
(Circle one)
4. Point of contact (POC) for this action is:

\_\_\_\_\_  
(Print POC's name, phone number, and email address)

Encl  
MRP2 Packet

Commander's Name  
Signature Block



## MRP2 ENCLOSURE 2 – MRP2 INITIAL PACKET CHECKLIST

**NOTE: Where required, signatures and contact information must be included or packet processing will be delayed.**

- \_\_\_\_\_ MRP2 Unit Cover Letter. **Must be in MRP2 format.**
- \_\_\_\_\_ MRP2 Initial Packet Checklist. **Must be in MRP2 format.**
- \_\_\_\_\_ Completed DA FORM 4187 – Request For Personnel Action. **Must be in MRP2 format.**
- \_\_\_\_\_ Applicant Counseling Memorandum. **Must be in MRP2 format.**
- \_\_\_\_\_ Leave Statement Of Understanding. **Must be in MRP2 format.**
- \_\_\_\_\_ Copies of all mobilization orders and amendments.
- \_\_\_\_\_ Release from active duty order and DD FORM 214 – Certificate of Release or Discharge from Active Duty.
- \_\_\_\_\_ An attending physician statement, which includes the following:
  - Current diagnosis
  - Detailed current treatment plan (including estimated end of treatment date)
  - Prognosis (include anticipated outcome)
  - Attending physician's full name, grade (if applicable), office telephone number, email address, and any other contact information
- \_\_\_\_\_ Approved Line Of Duty completed as per AR 600-8-4.

### IF AVAILABLE

- \_\_\_\_\_ DA FORM 3349 – Physical Profile.
  - \_\_\_\_\_ DD FORM 2795 – Pre-deployment Health Assessment.
  - \_\_\_\_\_ DD FORM 2796 – Post-deployment Health Assessment.
  - \_\_\_\_\_ DD FORM 2900 – Post-Deployment Health Reassessment.
  - \_\_\_\_\_ Other medical documentation to substantiate the medical condition.
- 

Has Army National Guard unit commander received consent from the State Governor or his or her approval authority allowing this Soldier be ordered to active duty if approved by the OTSG MRP2 Medical Review Board and HRC-A? (Circle one)  
YES NO N/A if USAR

Has the Soldier participated in any of these programs? (Circle one or more) ADME INCAP MRP MRP2

Is the Soldier currently receiving Incapacitation (INCAP) Pay? (Circle one) YES NO

Does the Soldier have any current Uniform Code of Military Justice (UCMJ) or adverse administrative actions pending?  
(Circle one) YES NO

Unit Point of CONTACT (POC) completing this MRP2 packet (PRINT INFORMATION):

Rank / Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone and Email contact information: \_\_\_\_\_

### MRP2 ENCLOSURE 3 – Medical Retention Processing 2 (MRP2) Extension Packet Checklist

**NOTE: Where required, signatures and contact information must be included or packet processing will be delayed.**

\_\_\_\_\_ MRP2 Unit Cover Letter. **Must be in MRP2 format.**

\_\_\_\_\_ MRP2 Extension Packet Checklist. **Must be in MRP2 format.**

\_\_\_\_\_ Completed DA FORM 4187 – Request For Personnel Action. **Must be in MRP2 extension format.**

\_\_\_\_\_ **DA FORM 4187 signed by requesting Soldier (will not be processed without Soldier's signature)**

\_\_\_\_\_ Provider Statement. Must be in MRP2 format. **Must be in MRP2 format.**

---

Does the Soldier have any current Uniform Code of Military Justice (UCMJ) or adverse administrative actions pending?

(Circle one) YES NO

Unit Point of CONTACT (POC) completing this MRP packet (PRINT INFORMATION):

Rank / Name:

\_\_\_\_\_

Job Title: \_\_\_\_\_

Phone and AKO email contact information: \_\_\_\_\_

# MRP2 ENCLOSURE 4 -MRP2 DA FORM 4187 Initial Packet Format

Circle the appropriate copy designator

Copy 1

Copy 2

Copy 3

Copy 4

## PERSONNEL ACTION

For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Title 5, Section 3012; Title 10, USC, E.O. 9397.  
**PRINCIPAL PURPOSE:** Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).  
**ROUTINE USES:** To initiate the processing of a personnel action being requested by the soldier.  
**DISCLOSURE:** Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.

1. THRU (Include ZIP Code)	2. TO (Include ZIP Code) RC SUPPORT SERVICES DIVISION MEDICAL AFFAIRS BRANCH ATTN: AHRC-PLM-MS ALEXANDRIA, VA 22332	3. FROM (Include ZIP Code)
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### SECTION I - PERSONAL IDENTIFICATION

4. NAME (Last, First, MI)	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER
---------------------------	---------------------------	---------------------------

### SECTION II - DUTY STATUS CHANGE (AR 600-8-6)

7. The above soldier's duty status is changed from INACTIVE DUTY STATUS to  
MRP2 effective \_\_\_\_\_ hours, \_\_\_\_\_

### SECTION III - REQUEST FOR PERSONNEL ACTION

8. I request the following action: (Check as appropriate)

<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify) <b>REQUEST MRP2</b>
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members	

9. SIGNATURE OF SOLDIER (When required)	10. DATE (YYYYMMDD)
---	---------------------

### SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)

PARENT UNIT: \_\_\_\_\_ UIC: \_\_\_\_\_ POC: \_\_\_\_\_  
UNIT PHONE: \_\_\_\_\_ UNIT EMAIL: \_\_\_\_\_  
HOR: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_  
AKO EMAIL: \_\_\_\_\_  
SEX: \_\_\_\_\_ DOB: \_\_\_\_\_ PEBD: \_\_\_\_\_ DOR: \_\_\_\_\_ MRD/ETS: \_\_\_\_\_

### SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL

11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -

☐ HAS BEEN VERIFIED ☐ RECOMMEND APPROVAL ☐ RECOMMEND DISAPPROVAL ☐ IS APPROVED ☐ IS DISAPPROVED

12. COMMANDER/AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14. DATE (YYYYMMDD)
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DA FORM 4187, JAN 2000

PREVIOUS EDITIONS ARE OBSOLETE

USAPA V1.00

# MRP2 ENCLOSURE 5 –MRP2 DA FORM 4187 EXTENSION Packet Format

Copy 1

Circle the appropriate copy designator

Copy 2

Copy 3

Copy 4

<b>PERSONNEL ACTION</b>			
For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER			
<b>DATA REQUIRED BY THE PRIVACY ACT OF 1974</b>			
<b>AUTHORITY:</b>	Title 5, Section 3012; Title 10, USC, E.O. 9397.		
<b>PRINCIPAL PURPOSE:</b>	Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).		
<b>ROUTINE USES:</b>	To initiate the processing of a personnel action being requested by the soldier.		
<b>DISCLOSURE:</b>	Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.		
1. THRU (Include ZIP Code)	2. TO (Include ZIP Code) HUMAN RESOURCES COMMAND 200 STOVALL STREET ATTN: AHRC-PL-M-MS ALEXANDRIA, VA 22332	3. FROM (Include ZIP Code)	
<b>SECTION I - PERSONAL IDENTIFICATION</b>			
4. NAME (Last, First, MI)	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER	
<b>SECTION II - DUTY STATUS CHANGE (AR 600-8-6)</b>			
7. The above soldier's duty status is changed from <u>N/A</u> to _____			
_____ effective _____ hours, _____			
<b>SECTION III - REQUEST FOR PERSONNEL ACTION</b>			
8. I request the following action: (Check as appropriate)			
<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card	
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags	
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations	
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS	
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB	
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify) <b>REQUEST MRP2 EXTENSION</b>	
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members		
9. SIGNATURE OF SOLDIER (When required)			10. DATE (YYYYMMDD)
<b>SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)</b>			
PARENT UNIT UIC: _____ POC: _____			
UNIT PHONE: _____ UNIT EMAIL: _____			
HOR: _____	CITY: _____	STATE: _____	ZIP: _____
HOME PHONE: _____ ALTERNATE PHONE: _____			
AKO EMAIL: _____			
SEX: _____	PEBD: _____	DOR: _____	MRD/ETS: _____
<b>SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL</b>			
11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein:			
<input type="checkbox"/> HAS BEEN VERIFIED	<input type="checkbox"/> RECOMMEND APPROVAL	<input type="checkbox"/> RECOMMEND DISAPPROVAL	<input type="checkbox"/> IS APPROVED <input type="checkbox"/> IS DISAPPROVED
12. COMMANDER/AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14. DATE (YYYYMMDD)	

DA FORM 4187, JAN 2000

PREVIOUS EDITIONS ARE OBSOLETE

USAPA V1.00

## MRP2 ENCLOSURE 6 – Medical Retention Processing 2 (MRP2) Soldier's Counseling

1. I, (PRINT NAME), \_\_\_\_\_ (SSN), \_\_\_\_\_ request orders to return to active duty to receive medical care for documented unresolved injury(s), illness or disease incurred while on active duty mobilization orders.
2. I understand that I will be assigned to an Army installation command and control unit that is co-located with an Army Medical Treatment Facility (MTF) that can provide the necessary medical care for my evaluation, treatment, and if required, processing through the Army Physical Disability Evaluation System. This installation might not be the closest to my home. I might be required to perform “duty at” a unit other than my unit of assignment (Active Component or Reserve Component). I understand that my duty location when not undergoing actual medical care will be determined by my active duty command, and will not violate my approved physical profile.
3. I understand that while participating in MRP2, I will be evaluated for and treated for illness, injury, or disease that the MRP2 medical review board determines as the reason to return me back to active duty. I am not eligible for elective surgery.
4. While on active duty, I am subject to the Uniform Code of Military Justice (UCMJ) and applicable laws and regulations that govern my duty, actions, conduct, performance, responsibilities and obligations.
5. The following are my responsibilities, as I understand them:
  - a. I will report for duty on the date and time specified on my orders. My duty station will be the unit of assignment designated by my orders.
  - b. I will ensure that I clearly understand my chain of command at my new duty station.
  - c. I will keep my chain of command informed of all medical appointments. Medical appointments are my designated place of duty on the specified date and time.
  - d. I will attend all medical appointments unless circumstances arise which are clearly beyond my control and the appropriate authority has approved changes.
  - e. Failure to report to my appointed place of duty, attend medical appointments as required or to keep my chain of command informed of my duty status may result in UCMJ action and possible Release From Active Duty (REFRAD) with loss of post REFRAD medical benefits. REFRAD in accordance with AR 600-8-101.
6. I understand leave will accrue while in an MRP2 status. Leave is authorized if it does not interfere with, delay, or extend my medical treatment plan, or delay out-processing from the MRP2 program, or, if applicable, the PDES process. Transition leave may be authorized. Unused leave may be sold back if eligible. Permissive TDY is **not** authorized.

7. I understand I will accrue retirement points while in an MRP2 status.
8. I understand I may compete for promotion on the Reserve Active Status List (RASL) for not more than 3 years or from the date ordered to Active Duty.
9. I understand upon completion of my medical treatment and /or PDES action I will be REFRAD or separated from the Army.
10. I understand that when on active duty under MRP2 status, I am not entitled to Permanent Change of Station (PCS) entitlements.
11. I understand that I will receive per diem while in MRP2 only if I reside away from home and government quarters are not available and a certificate of non-availability is issued by installation housing.
12. I understand that I will receive Basic Allowance for Housing (BAH) / Basic Allowance for Subsistence (BAS) entitlements. BAH is based on Home of Record (HOR) zip code.
13. I understand that once MRP2 orders are issued, I am required to serve on active duty until REFRAD/separated. I understand that I may request early REFRAD in accordance with Army policy and procedures, but that approval is subject to the Army's needs. I understand that I will be required to complete the Physical Disability Evaluation System (PDES) process if I REFRAD early.
14. If necessary, I must reenlist through my current Reserve Component to cover this period of active duty prior to the report date on the MRP2 order.
15. I understand I may not receive pay and benefits under the MRP2 program and any other Federal or State benefits concurrently not permitted by law. This includes Veterans Administration disability.
16. If I received payments such as separation incentives and medical separation pay from previous periods of active federal service, it may result in indebtedness to the Government during my active duty service under the MRP2 Program. I am not authorized to receive such payments and active duty pay concurrently.  
Contact your unit commander to obtain guidance from finance personnel on the effects and re-payment requirement plan. POC is your servicing Army Finance office or the Defense Finance and Accounting Service-Indianapolis (DFAS-IN), Wounded In Action (WIA) Support Team at (317) 510-2608/2617/2628.
17. If selected to a CBHCO, once attached to the CBHCO unit my CIP payments will stop. (Applicable only to WT currently receiving CIP).
18. Soldier's statement explaining why they are applying for MRP2:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
19. If the Soldier has previously signed a declination for care in MRP during redeployment he/she must explain why he/she initially declined care. (Print N/A in the space below if this does not apply.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
20. A copy of this letter will be placed in my official file and forwarded to my gaining command.

21. I acknowledge that I have read and understand the information contained in this letter.

Print Name/Rank: \_\_\_\_\_  
Soldier's Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Individual Providing Counseling:

Print Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Duty Position: \_\_\_\_\_  
Date: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email address: \_\_\_\_\_

Privacy Act, Sec 3 (c)(10), Established Appropriate Safeguards for Personal Information. This information will not be released outside DOD without prior written consent from individual concerned or for the purposes stated herein.

## MRP2 ENCLOSURE 7 – LEAVE STATEMENT OF UNDERSTANDING

1. REFERENCES: AR 600-8-10, AR 635-40,
2. I am aware that while I am participating in Medical Retention Processing 2 (MRP2), I will accrue leave and may take leave during this period of active duty.
3. While undergoing medical evaluation and treatment, I may take leave if it does not conflict with this care. I must coordinate this leave through my Case Manager and obtain approval from my company chain of command.
4. If I enter the Physical Disability Evaluation System (PDES), I may take leave provided that such leave does not conflict with the completion of the Medical Evaluation Board (MEB) or Physical Evaluation Board (PEB). While in the PDES process I must coordinate my leave with the Physical Evaluation Board Liaison Officer (PEBLO) and obtain approval from my chain of command.
5. I may be authorized transition leave at the time of my release from active duty (REFRAD), discharge/separation, or retirement. Permissive TDY (PTDY) is **not** authorized.
6. All unused leave, up to 60 days will be sold back, if eligible.

NAME: \_\_\_\_\_

RANK: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



**MRP2 ENCLOSURE 8 – Statement of Declination, or Withdrawal from MRP2 Program**

REQUESTING UNIT'S LETTERHEAD

OFFICE SYMBOL

DATE

MEMORANDUM FOR Human Resources Command – Alexandria,  
Attn: AHRC-PL-M-MS, 200 Stovall Street, Alexandria, VA 22332  
<mailto:rcmedicalretention@conus.army.mil>

SUBJECT: Declination of, or Withdraw from, Medical Retention Processing 2 (MRP2)

1. I, (PRINT NAME), \_\_\_\_\_ (SSN), \_\_\_\_\_ decline orders to return to or remain on active duty status for medical care, and if applicable, processing through the Army Physical Disability Evaluation System (PDES) as a participant in MRP2.
2. I understand that I have not waived my right to medical care. I am entitled to care through military or Department of Veterans Affairs (DVA) medical treatment facilities for “in line of duty” illness or injury (DA Form 2173) sustained while on mobilization orders in support of the Global War on Terrorism and documented in my military medical records.
3. I understand if I have entered the PDES process that this process will continue even if not completed by my REFRAD date.
4. I may also be eligible to apply for incapacitation pay through my Reserve/NG unit.

Print Name/Rank: \_\_\_\_\_

Soldier's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Individual Providing Counseling:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Duty Position: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Privacy Act, Sec 3 (c) (10), Established Appropriate Safeguards for Personal Information. This information will not be released outside DOD without prior written consent from individual concerned or for the purposes stated herein.

**MRP2 ENCLOSURE 9 –MRP2 Board Case Review Memorandum**

DATE: \_\_\_\_\_

MEMORANDUM FOR Human Resources Command – Alexandria,  
Attn: AHRC-PLM-MS, 200 Stovall Street, Alexandria, VA 22332  
<mailto:rcmedicalretention@conus.army.mil>

SUBJECT: Request for Medical Retention Processing 2 (MRP2) Case Review Results

1. I have reviewed the enclosed MRP2 program application packet for

\_\_\_\_\_  
(Print Soldier's name, rank, and SSN)

2. Based on documents reviewed:

RECOMMEND Soldier for entry into MRP2 or,

DO NOT RECOMMEND Soldier for entry into MRP2 because

\_\_\_\_\_  
\_\_\_\_\_

3. My contact information is:

\_\_\_\_\_  
(Print Board Member's name, telephone number, and email address)

Encl  
MRP2 Packet

## MRP2 ENCLOSURE 10 – Extension Packet Provider Statement

SUBJECT: MRP and MRP2 Extension Provider Statement    DATE: \_\_\_\_\_

SOLDIER'S NAME: \_\_\_\_\_    MODS ID #: \_\_\_\_\_

CURRENT MRP ORDER # \_\_\_\_\_    EXPIRATION DATE: \_\_\_\_\_

The Deputy Commander of Clinical Services, \_\_\_\_\_ Location, has reviewed Soldier's prognosis and plan of care. Above named Soldier will need a MRP extension to complete WTU process. Specific plan of care is indicated below.

Extension in WTU is based on the plan of care/prognosis/timeline as indicated below:

a. \_\_\_\_ Soldier has met OMB (Optimal Medical Benefit), meets Retention Standard, and needs extension to start REFRAD process.

b. \_\_\_\_ Soldier has met OMB, does not meet Retention Standard; and will be referred to MEB on or about \_\_\_\_\_.

c. \_\_\_\_ Soldier is currently in MEB process and will most likely be referred to the PEB on \_\_\_\_\_.

d. \_\_\_\_ Soldier is currently in PEB process and needs extension to complete PEB.

e. \_\_\_\_ Soldier has not met OMB but will most likely MEET retention standard. Will begin REFRAD process on or about \_\_\_\_\_.

f. \_\_\_\_ Soldier has not met OMB and will most likely NOT MEET retention standard. Will be referred to MEB on or about \_\_\_\_\_.

g. \_\_\_\_ Soldier has been diagnosed with another service connected or service aggravated condition and needs additional medical treatment.

1) Soldier will most likely meet retention standard and start REFRAD process on or about \_\_\_\_\_.

2) Soldier will most likely NOT MEET retention standard and will be referred to MEB on or about \_\_\_\_\_.

Primary Care Provider Signature: \_\_\_\_\_

Print Name and AKO Address: \_\_\_\_\_

Deputy Commander Clinical Services, DCCS Signature: \_\_\_\_\_

(ONLY REQUIRED FOR ORDER REQUEST EXTENDING SOLDIER BEYOND 365 DAYS)

Printed Name and AKO Email Address: \_\_\_\_\_

WTU Commander's Signature: \_\_\_\_\_

Printed Name and AKO Email Address: \_\_\_\_\_

## MRP2 ENCLOSURE 11: Request for Exception, Appeal or Resubmission

Soldier's full name: \_\_\_\_\_ SSN (last four): \_\_\_\_\_ Date \_\_\_\_\_  
Soldier's AKO email: \_\_\_\_\_@us.army.mil

MEMORANDUM FOR AHRC, Attn: AHRC-PL-M-MS, 200 Stovall Street, Alexandria, VA 22332  
[mailto: rcmedicalretention@conus.army.mil](mailto:rcmedicalretention@conus.army.mil)

SUBJECT: I Request the following action for my (circle one) **MRP/MRP2/ADME** packet, Please select **only one** option and initial:

**1. \_\_\_\_ I am Re-submitting a packet for MRP \_\_\_\_ MRP2 \_\_\_\_ ADME \_\_\_\_ (check one)**

- \* I have added ***new*** documents for the Medical Review Board.
- \* If approved, the order effective date will be the date a completed packet was received by HRC-A.
- \* I understand that resubmission of my packet does **NOT** ensure acceptance into the WTU Program.

**2. \_\_\_\_ I am requesting an Administrative Appeal to the denial of my WTU application**

- \* I have **NOT** been denied due to a Medical Review Board's decision.
- \* I have **NOT** enclosed any new documents.
- \* I have **NOT** appealed this application to HQDA, G1, or the Army Boards for Correction of Military Records (ABCMR or ARBA).
- \* I understand that an approved administrative appeal approval does **NOT** ensure acceptance into the WTU Program.

**3. \_\_\_\_ I am requesting a Medical Appeal of the denial of my WTU application**

- \* I have **NOT** been denied a previous appeal.
- \* I have **NOT** enclosed any new documents.
- \* I have **NOT** appealed this application to HQDA, G-1, or the Army Boards for Correction of Military Records (ABCMR or ARBA).
- \* I understand that a request for medical appeal does **NOT** ensure acceptance into the WTU Program.

**4. \_\_\_\_ I am requesting an Administrative Exception to Policy**

- \* I understand that an approved administrative exception does **NOT** ensure acceptance into the WTU Program.

**On above request The Medical Review Board will make the final determination of eligibility based on medical criteria.**

**Initial Yes or No:**

- |   |                  |                 |
|---|------------------|-----------------|
| a. I am currently in the <b>MEB</b> or <b>PEB</b> Process | <b>YES</b> _____ | <b>NO</b> _____ |
| b. I am currently a member of the Selected Reserve        | <b>YES</b> _____ | <b>NO</b> _____ |
| c. All administrative documents are attached              | <b>YES</b> _____ | <b>NO</b> _____ |
| d. All required medical documentation is attached         | <b>YES</b> _____ | <b>NO</b> _____ |

ALL requests require a typed summary (simple letter format) stating why the request is being submitted (be specific: my X-rays were added, my MRI results are in) and why it should be approved.

Soldier's signature \_\_\_\_\_  
POC Name \_\_\_\_\_ POC AKO \_\_\_\_\_@us.army.mil

## **MRP2 ANNEX A - Implementing Instructions for Community Based Health Care Organization (CBHCO) Referral Process:**

1. Purpose. To standardize the Community Based Health Care Organization (CBHCO) referral and acceptance process of eligible Soldiers.
2. Proponent. The proponent for the implementing guidelines is the Assistant Surgeon General for Force Projection (ASG (FP)).
3. Applicability. The implementing guidelines apply to personnel performing the functions prescribed by this document in support of the Soldier on medical retention processing (MRP) orders.
4. Scope. The implementing guidelines address the process to identify, select and accept individual Soldiers referred to the CBHCO. They provide policy and procedural guidelines for both Army installations and CBHCOs, as well as standardized forms for the referral process. For administrative processes pertinent to the attachment of Soldiers to the CBHCO, see HQDA PPG.
5. Responsibilities:
  - a. The installation Medical Treatment Facility (MTF) Commander will:
    - 1) Designate MTF nurse case managers and providers to select eligible Soldiers for referral to the CBHCO within their first 30 days as a Soldier based on established medical selection criteria as described in policy memorandum Enclosure 1,
    - 2) Ensure that the preliminary medical evaluation and treatment plan is developed and documented in AHLTA (Armed forces Health Information Longitudinal Technology Application, used as the health care information system) to identify Soldiers who require more than 60 days of clinical management before referral for a medical evaluation board (MEB) or medical clearance for REFRAD,
    - 3) Ensure that medical treatment and disposition, including physical disability processing, is not delayed pending referral to the CBHCO,
    - 4) Ensure that behavioral health assessment is completed on Soldiers selected for referral to identify and manage high risk Soldiers prior to their transfer;
    - 5) Rule out Axis II behavioral disorders that administratively disqualify the Soldier for continued military service.
  - b. The Warrior Transition Unit (WTU) commander will:

- 1) Identify Soldiers who are eligible for transfer to the CBHCO,
- 2) Recommend Soldiers selected for referral based on established C2/administrative selection criteria as described in Enclosure 1 of the policy memorandum,
- 3) Ensure Soldiers are properly counseled in writing regarding CBHCO referral, process, and requirements of the program (Enclosure 3).
- 4) Collaborate with the local MTF via the MTF nurse case manager,
- 5) Ensure that MODS administrative data are correct and current,
- 6) Ensure the C2 portion of the *CBHCO Referral Form* (Enclosure 2) is completed.
- 7) Ensure that *DA Form 4187, Request for Personnel Action*, is completed with Soldiers' signature, approved and submitted to HRC for publication of orders.
- 8) Ensure that the line of duty (*DA Form 2173, Statement of Medical Examination and Duty Status*) and validation memorandum are completed and approved IAW AR 600-8-4 prior to transfer,
- 9) Ensure that referred Soldiers have acceptable housing, transportation and reliable communication plan (telephone connectivity).
- 10) Ensure that installation out-processing requirements as established by IMCOM are completed prior to transfer of Soldiers to the CBHCO.
- 11) Coordinate the Soldier's movement with the CBHCO Commander. NOTE: Leave is **NOT** authorized enroute to CBHCO.

c. The MTF nurse case manager will:

- 1) In coordination with the WTU, generate a list of eligible Soldiers and coordinate with Soldier's primary care provider (PCM) and other clinical team members to select Soldiers for CBHCO referral based on established medical selection criteria,
- 2) Coordinate with the WTU commander and staff regarding Soldiers they have selected for referral,
- 3) Initiate the CBHCO referral process and coordinate the completion of the *CBHCO Referral Form*,
- 4) Consult with behavioral health professional regarding baseline mental health

and family assessment,

- 5) Participate in the development of the preliminary plan of care and counsel the Soldier regarding plan, including anticipated outcomes,
- 6) Coordinate the referral with the CBHCO supervising nurse case manager or designated point of contact.

d. The MTF Primary Care Manager (PCM) will:

- 1) Complete the initial clinical evaluation, master problem list, and preliminary treatment plan within 30 days of assignment or attachment to the WTU,
- 2) Determine whether Soldier will require more than 60 days of medical evaluation and treatment,
- 3) Initiate line of duty (*DA Form 2173, Statement of Medical Examination and Duty Status*) and *Physical Profile (DA Form 3349)*,
- 4) Coordinate with specialty providers, including licensed behavioral health providers, to select Soldiers for medical referral to CBHCO,
- 5) Communicate directly with CBHCO medical officer as appropriate to reach consensus on complex cases or exceptions to policy,
- 6) Provide summary of Soldier's pertinent history, current clinical status, and plan of treatment in AHLTA for inclusion in CBHCO referral packet.

e. The MTF licensed behavioral health provider, generally the licensed clinical social worker (LCSW) will:

- 1) Complete a mental health and social support assessment to identify high risk Soldiers and/or validate that Soldier has adequate family and community support at home,
- 2) Recommend behavioral health evaluation and treatment as appropriate prior to referral to CBHCO,
- 3) Participate in the selection process of Soldiers for referral to CBHCO,
- 4) Coordinate with the CBHCO LCSW care manager regarding concerns and treatment recommendations.

f. The CBHCO supervising nurse case manager will:

- 1) Review the referral packet with the CBHCO medical officer, case manager(s),

and LCSW care manager,

- 2) Coordinate referral actions with the CBHCO commander and staff, and the MTF nurse case manager,
- 3) Ensure clinical resources are available within TRICARE standards to support the Soldier's treatment plan,
- 4) Consult with CBHCO medical officer and/or follow standing acceptance protocols to accept referred Soldiers,
- 5) Notify the MTF nurse case manager of the CBHCO acceptance decision.

g. The CBHCO commander will:

- 1) Review the referral packet with C2 cadre and validate the acceptability of Soldier's housing, transportation and communication plans,
- 2) Identify potential Title 10 duty assignment location(s),
- 3) Verify CBHCO capacity to accept new Soldiers,
- 4) Communicate directly with WTU Commander, as needed, to resolve questionable cases or non-medical exceptions to policy,
- 5) Coordinate transfer with WTU Commander, including completion of installation out-processing requirements.

h. The CBHCO medical officer will:

- 1) Collaborate with the CBHCO case managers and LCSW care managers to develop standing protocols to facilitate the expeditious review and acceptance of MHO Soldiers for transfer to CBHCO.
- 2) Participate in the treatment plan review for Soldiers not covered by standing acceptance protocols,
- 3) Communicate directly with the Soldier's PCM and other MTF providers and/or RMC medical officers to resolve problematic or complex treatment plan issues,
- 4) Approve or disapprove referral of Soldier based on sound medical judgment when the situation is not covered by a standing acceptance protocol.

i. The CBHCO licensed clinical social worker (LCSW) care manager will:

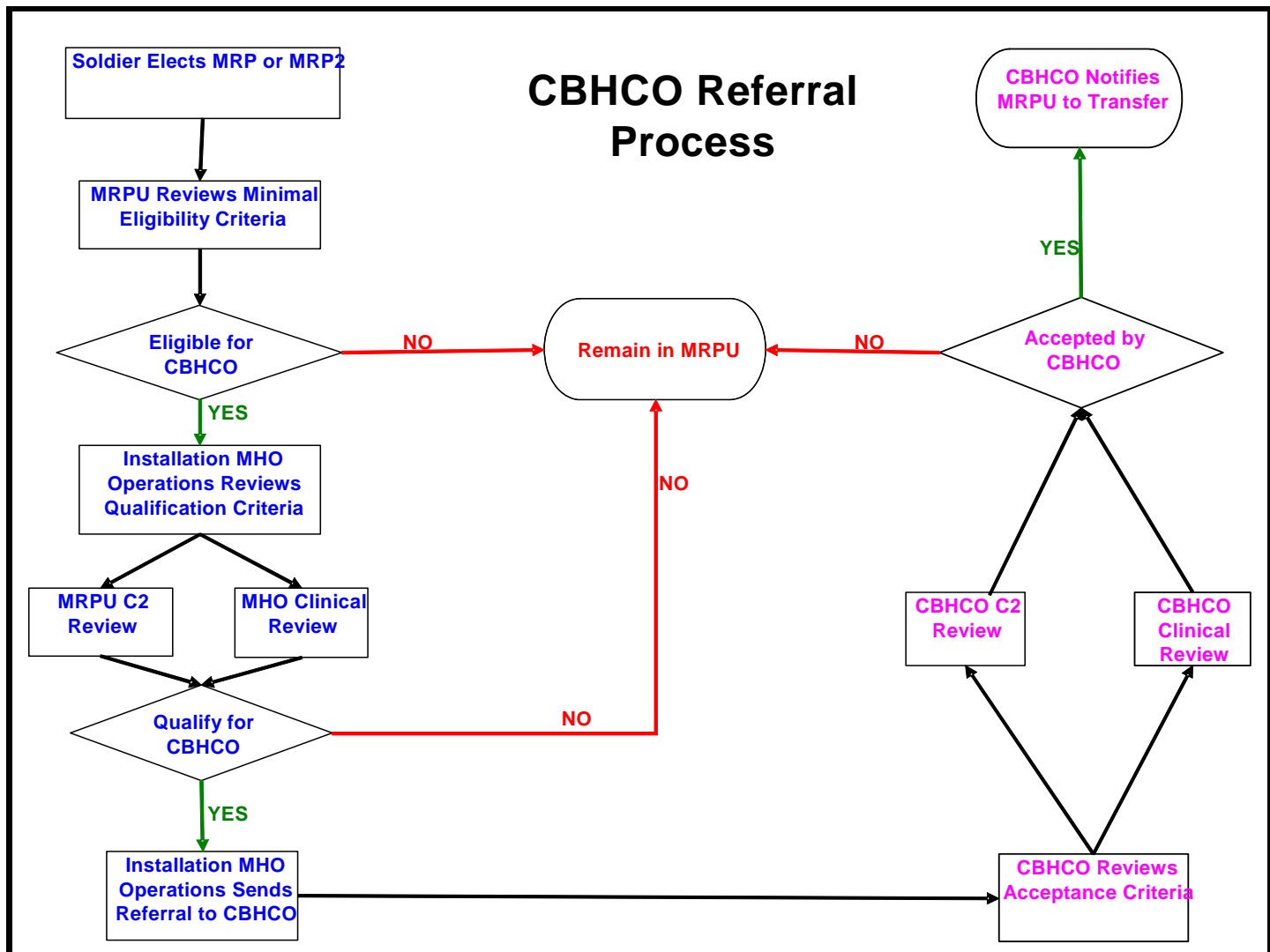


- 1) Review the CBHCO referral packet with the CBHCO nurse case manager and medical officer,
- 2) Communicate directly with the MTF behavioral health professional to resolve behavioral health issues,
- 3) Determine availability of behavioral health resources within TRICARE standards to support the Soldiers' treatment plan.

6. Procedures:

- a. The MTF and WTU screen all MHO Soldiers within 30 days to determine eligibility for referral to a CBHCO. The MTF nurse case manager coordinates with the WTU platoon sergeant to reach consensus on which eligible Soldiers are selected for referral to the CBHCO. The platoon sergeant considers demonstrated reliability and accountability as a key factor in recommending Soldiers for referral. Identified "problem Soldiers" are **not** referred without compelling evidence that transfer will improve compliance. Problem Soldiers and their issues must be addressed with CBHCO key staff (Commander, 1SGT, CM Supervisor, Medical Officer and/or LCSW) during the referral phase.
- b. The MTF nurse case manager consults as necessary with the PCM and other members of the clinical care team to reach consensus on whether Soldier's medical care can be reasonably managed within the community by the CBHCO. Soldiers who will be medically cleared for REFRAD within 60 days will not normally be referred to the CBHCO.
- c. The MTF nurse case manager coordinates with installation licensed behavioral health providers (generally, the LCSW care manager) to obtain behavioral health clearance for mental health and social support status. The behavioral health clearance does not imply the absence of issues, rather that issues can be safely managed with the available community and family resources. Soldiers who need mental health observation or treatment beyond the capacity of the CBHCO, or whose home environment is not conducive to supporting healing and healthy outcomes, will not be referred until these issues are resolved.
- d. The MTF nurse case manager documents selection coordination and actions, including salient decision points, in AHLTA (entry comparable to the *SF 600, Chronological Record of Medical Care*) as part of the Soldier's health record. Documentation will be sufficient for personnel unfamiliar with the case to understand the rationale for the decision to refer or not to refer. When Soldiers are referred as an exception to policy or after consultation with the RMC, documentation includes coordination points, recommendations and decisions.

- e. When the case manager and platoon sergeant have reached agreement on selected Soldiers, the case manager initiates the referral paperwork using the *CBHCO Referral Form* (Enclosure 2) and ensures that both the WTU commander and MTF providers complete their respective portions. The case manager coordinates with the CBHCO case manager and forwards completed referral packets to the CBHCO case manager.
- f. The commander ensures that Soldiers complete all out-processing and pre-REFRAD requirements, including approved line of duty (*DA Form 2173, Statement of Medical Examination and Duty Status*) and LOD validation memorandum prior to transfer.
- g. The PCM prepares a clinical summary for the CBHCO clinical staff in AHLTA (entry comparable to the *SF 600, Chronological Record of Medical Care*). The MTF nurse case manager verifies that the CBHCO has access to patient information in AHLTA; if not, the case manager prints a hard copy, attaches it to the referral forms, and sends it expeditiously to the CBHCO. (A sample clinical summary template is included at Attachment 4.)
- h. The CBHCO supervising nurse case manager receives the referral packet and screens the Soldier for acceptance. Information is clarified via direct coordination with the MTF nurse case manager. The supervising nurse case manager reviews the CBHCO referral packet with the CBHCO medical officer(s), case manager(s), LCSW care manager, and commander. The CBHCO medical officer coordinates directly with the referring PCM, as necessary, to resolve concerns. The CBHCO case manager notifies the installation case manager of the CBHCO acceptance decision within 3 *working days* of receiving the completed referral packet. Refer delays in obtaining a complete referral packet of 2 weeks or more to the RMC Senior Case Manager.
- i. The CBHCO commander and staff review the referral packet for C2 and administrative selection criteria and transfer requirements. The CBHCO commander coordinates referral concerns and transfer activities directly with the referring WTU or installation.
- j. Upon notification of CBHCO acceptance, the WTU commander submits a *Request for Personnel Action (DA Form 4187)* to Human Resources Command - Alexandria (HRC- A), <mailto:rmedicalretention@conus.army.mil>, requesting orders attaching the MHO Soldier to the CBHCO. The WTU maintains files on Soldiers attached to the CBHCO.



# **CHAPTER 5:**

## **RESERVE COMPONENT ACTIVE DUTY MEDICAL EXTENSION (ADME)**

**INSTRUCTIONS FOR IDENTIFICATION AND REFERRAL OF RESERVE  
COMPONENT (RC) SOLDIERS TO THE WARRIOR TRANSITION UNIT (WTU)  
ACTIVE DUTY MEDICAL EXTENSION (ADME) PROGRAM**

Revised **17 September 2007**

**ALL CHANGES ARE HIGHLIGHTED IN YELLOW**

**MAINTAINED BY:  
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## **1. PURPOSE:**

a. Provide implementing instructions for command and control (C2), medical, and administrative management of Reserve Component (RC) Soldiers voluntarily requesting an extension on or order to active duty under 10 USC 12301(h) for participation in the ADME program. For assistance and instruction in completing an ADME application packet, contact Human Resource Command – Alexandria (HRC-A) Medical Support Service Section ADME Team at: 703-325-1730/3746/6577 or DSN 221-1730/3746/6577, [rcmedicalretention@conus.army.mil](mailto:rcmedicalretention@conus.army.mil).

b. Assist the RC – Army National Guard of the United States (ARNGUS) and United States Army Reserve (USAR) – Soldier and his or her C2 make application to the ADME program.

c. Assist the Army to ensure that ADME program participants’:

- (1) Medical treatment for an injury, illness, or disease incurred or aggravated in the line of duty is not delayed because of administrative requirements.
- (2) Accountability is tracked in a centralized database.
- (3) Pay and allowances are not terminated due to administrative oversight.
- (4) Case is reviewed if it is projected the Soldier will remain incapacitated for more than 6 months to determine if it is in the interest of fairness and equity to continue the Soldier in the ADME program.
- (5) Cases that warrant processing through the Army Physical Disability Evaluation System (PDES) are referred for processing immediately.
- (6) Pay and allowances do not continue under this Instruction after the member has been found fit for duty or the member has been separated or retired.

## **2. REFERENCES:**

- a) 1998 National Defense Authorization Act (NDAA), Public Law 105-85, Section 513.
- b) 2000 NDAA, Public Law 106-65, Section 705.
- c) 10 U.S.C. 507(a).
- d) 10 U.S.C 640
- e) 10 U.S.C. 1074a.

- f) 10 U.S.C. 1076(a).
- g) 10 U.S.C. 12301(h).
- h) 10 U.S.C 12314
- i) 10 U.S.C 12322
- j) Title 32, U.S. Code.
- k) Army Regulation (AR) 40-3, Medical, Dental, and Veterinary Care.
- l) AR 27-10, Military Justice.
- m) AR 40-400, Patient Administration.
- n) AR 40-501, Standards of Medical Fitness.
- o) AR 135-381, Incapacitation of Reserve Component Soldiers.
- p) AR 210-50, Housing Management.
- q) AR 600-8-1, Army Casualty Operations /Assistance/Insurance.
- r) AR 600-8-4, Line of Duty Policy, Procedures, and Investigations.
- s) AR 600-8-6, Personnel Accounting and Strength Reporting.
- t) AR 600-8-24, Officer Transfers and Discharges.
- u) AR 600-8-104, Military Personnel Information Management/Records.
- v) AR 600-8-105, Military Orders.
- w) AR 600-20, Army Command Policy.
- x) AR 635-40, Physical Evaluation for Retention, Retirement, or Separation.
- y) AR 635-200, Active Duty Enlisted Administrative Separations.
- z) Department of the Army (DA) PAM 135-381, Incapacitation Pay Procedures.
- aa) Department of Defense Directive (DODD) 1241.1, Reserve Components Incapacitation Benefits, 3 December 1992.
- bb) DODD 4500.9-R, Defense Transportation Regulation (Passenger Movement).

- cc) DODD 1332.18, Separation and Retirement for Physical Disability, 4 November 1996.
- dd) Department of Defense Instruction (DODI) 1332.38, Physical Disability Evaluation, 14 November 1996.
- ee) DODI 1241.2, Reserve Components Incapacitation System Management, 30 May 2001.
- ff) HQDA, DCS, G-1 Medical Retention Processing (MRP) Program Guidance, 6 March 2004.
- gg) All Army Activities (ALARACT) Message 139/2007, Subject: applicable processing procedures for military orders pertaining to soldiers in a patient status who are moved from theater.

### 3. INTENT:

- a. To evaluate and treat the RC Soldier with a documented in the line of duty incurred or aggravated injury, illness, or disease, and provide pay and allowances, to the extent permitted by law, to those Soldiers while being treated for or recovering from this Service-connected medical condition. To return Soldiers back to duty within his or her respective RC as soon as possible. If return to duty is not possible, process the Soldier through the Army PDES. The medical condition incurred or aggravated must have occurred while in an Individual Duty for Training (IDT) or non-mobilization active duty status and that medical care will extend beyond 30 days. The medical condition must prevent the Soldier from performing his or her Military Occupational Skill / Area of Concentration (MOS / AOC) within the confines of a Physical Profile (DA FORM 3349) issued by military medical authority.
- b. Soldiers on active duty orders in support of contingency operations\* are not eligible for the ADME program. These Soldiers may be eligible for the MRP program. Soldiers already released from active duty (REFRAD) for contingency operations with a medical condition connected to mobilization may be eligible for the Medical Retention Processing 2 (MRP2) program. A RC teaching tool with MRP and MRP2 program information is available in the WTU -RC Consolidated Guidance or at the following Army, G-1 website: [www.armyg1.army.mil/MilitaryPersonnel/policy.asp](http://www.armyg1.army.mil/MilitaryPersonnel/policy.asp).
- c. Soldiers on ADME orders will be regarded as all other WT Soldiers.

#### 3-1 Definitions:

- a. **Contingency operations.** For purposes of this guidance, contingency operations means a military operation that is so designated by Secretary of Defense (SECDEF),

that results in the order to active duty of RC Soldiers UP 10 U.S.C. 12302 during a war or national emergency declared by the President or Congress.

- b. **Warrior Transition Units (WTU).** To better care for injured or ill Soldiers, the Army has created Warrior Transition Units (WTU) to which Soldiers may be assigned. Units will merge existing Medical Hold companies and detachments with Medical Retention Units (MRPU). For the purpose of this guidance, all existing MHUs will be designated as WTUs.

#### **4. AUTHORITY:**

The ADME program is authorized under DODI 1241.2, 30 May 2001. This procedural guidance will remain in effect until published in Army Regulations or rescinded by Headquarters Department of the Army (HQDA), Deputy Chief of Staff (DCS), G-1. Proponent within the DCS, G-1 is DAPE-MPE-IP.

#### **5. ADME PROGRAM ELIGIBILITY:**

- a. For the purposes of this Instruction a RC Soldier is considered to be in a duty status during any period of active duty (see section 3,b) funeral honors duty, or inactive duty training; while traveling directly to or from the place at which funeral duty or inactive duty is performed; while remaining overnight immediately before the commencement of inactive duty training or between successive periods of inactive duty training, at or in the vicinity of the site of the inactive duty training, if the site is outside reasonable commuting distance of the member's residence; and while remaining overnight at or in the vicinity of the place the funeral honors is to be performed immediately before serving such duty, if the place is outside of reasonable commuting distance from the member's residence.
- b. Soldier must have incurred or aggravated an in the line of duty service-connected injury, illness, or disease while in an IDT or non-mobilization active duty status and that medical care will extend beyond 30 days.
- c. Soldier must be found by military medical authority to be unable to perform his or her MOS / AOC within the confines of a Medical Profile. A Department of the Army (DA) FORM 349 – Physical Profile will be used to document this determination.
- d. Soldier must be medically approved by the ADME Medical Review Board to enter the ADME program.

#### **6. INITIAL ACTIVE DUTY FOR TRAINING (IADT) RC SOLDIERS:**



Before submitting ADME application, the command responsible for RC Soldiers on active duty orders for IADT must contact the HRC-A RC Medical Support Services Section, ADME Team at CM (703) 325-6577/9071/3746 or DSN 221-3237/3746.

## **7. SOLDIERS NOT ELIGIBLE FOR THE ADME PROGRAM:**

- a. Discharged or separated from the Army.
- b. In the Active Guard and Reserve (AGR) program.
- c. Pre-existing medical conditions not aggravated while on active duty or in IDT status.
- d. Line of Duty Investigation (LDI) – No determinations.
- e. Soldiers with a medical treatment plan that will not extend beyond 30 days.
- f. Soldiers who have initiated, but not completed, elective medical courses of treatment. These individuals should be released from active duty or IDT status and instructed to see their civilian providers for further care.
- g. Currently on active duty for, or already REFRAD from, contingency operations if this injury, illness, or disease is connected to the mobilization period.
- h. Pre-existing medical conditions that a Soldier was REFRAD from a mobilization order within the first 30 days of mobilization under the Army 25 Day Policy.
- i. Pregnancy may preclude admission into the program if it prevents medical evaluation and treatment for the injury, illness, or disease incurred or aggravated in the line of duty for which the Soldier is applying.

## **8. RESPONSIBILITIES:**

### **a. ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND RESERVE AFFAIRS) ASA\_(M&RA)):**

Responsible for oversight of the RC incapacitation system.

### **b. HEADQUARTERS, DEPARTMENT OF THE ARMY (HQDA), DEPUTY CHIEF OF STAFF (DCS), G-1:**

- 1) Proponent for the ADME program.
- 2) Provide implementation guidance for the ADME program.

- 3) Provide oversight to HRC-A in their day-to-day management of the ADME program.
- 4) Administrative Appellate and Exception to policy authority.

**c. SOLDIER'S COMMAND:**

1. Ensures Soldiers are counseled on Incapacitation (INCAP) Pay and the ADME options provisions prior to submitting request packets to HRC-A. A RC teaching tool is available in the WTU - RC Consolidated Guidance or at the following Army, G-1, website to assist educating Soldiers and their leadership. Website, <http://www.armyg1.army.mil/MilitaryPersonnel/policy.asp>
2. Assists Soldiers complete the application packet and forward completed packets to HRC-A for consideration.
3. Submits the completed ADME application as follows:
  - a) **Army Reserve Troop Program Units (TPUs)** submits the completed ADME application packets as follows:
    - 1) Original packet from the unit directly to HRC-A, 200 Stovall St., Attn: AHRC-PL-M-MS (ADME Team), Alexandria, VA 22332.
    - 2) Informational copy, following Health Insurance Portability and Accountability Act of 1996 (HIPAA) standards, is sent through the unit's Regional Readiness Command (RRC), through the Regional Medical Command (RMC), to HRC-STL Surgeon Office, AHRC-SG, 1 Reserve Way, St. Louis, MO 63132-5200.
    - 3) Ensures Soldiers hand carry a copy of their medical records to unit of assignment.
  - b) For **Individual Ready Reserve (IRR) and Individual Mobilization Augmentee (IMA)** Soldiers HRC-STL Personnel Career Manager (PCM) submits the completed ADME packet as follows:
    - 1) Original packet from the unit directly to HRC-A, 200 Stovall St., Attn: AHRC-PLM-MS (ADME Team), Alexandria, VA 22332.
    - 2) Informational copy, following HIPAA standards, is sent through Headquarters, Personnel Actions and Services, Attn: AHRC-PAP-A, 1 Reserve Way, St. Louis, MO 63132-5200 to HRC-STL Surgeon Office, Attn: AHRC-SG, 1 Reserve Way, St. Louis, MO 63132-5200.

- 3) Ensures Soldiers hand carry a copy of their medical records to unit of assignment.

c) **Army National Guard (ARNG)** units submit the completed ADME application packets as follows:

- 1) To comply with 10 USC 12301(h), before submitting an ADME packet, the ARNG unit commander signing the DA 4187 requesting Soldier consideration for the ADME program must obtain consent from the State Governor or other appropriate authority of the State concerned through Joint Field Headquarters (JFHQ), Health Systems Specialist Headquarters (HSS) allowing the Soldier to be ordered to active duty in a voluntary status.
  - 2) Original packet from unit directly to Human Resources Command - Alexandria, 200 Stovall St., Attn: AHRC-PLM-MS (ADME Team), Alexandria, VA 22332.
  - 3) Send informational copy, with limited documents in accordance with (IAW) HIPAA through the JFHQ-[State] HSS to NGB.
  - 4) Ensures Soldiers hand carry a copy of their medical records to unit of assignment.
4. Coordinates with the gaining installation to which Soldier will report once orders are received. Sends medical records to the medical treatment facility at the gaining installation IAW AR 40-66, Medical Records Administration and Health Care Documentation.

**d. HUMAN RESOURCES COMMAND –ALEXANDRIA (HRC-A):**

- 1) Receives and reviews initial and extension ADME packets for completeness. See Enclosure 2 and 3 of this document for a list of initial and extension packet documents.
- 2) Determines whether Soldiers meet administrative criteria to enter the ADME program.
- 3) Forwards application packets to the U.S. Medical Command (MEDCOM) ADME Medical Review Board for medical recommendation.
- 4) Maintains ADME Medical Review Board decision and opinion with the original ADME packet at HRC-A.

- 5) Notifies Soldiers in writing the reason(s) why he or she does not meet the administrative or medical requirements for acceptance into the ADME program and what alternative medical care Soldiers may be eligible for.
- 6) Maintains accountability of ADME participants by maintaining a tracking program containing at the minimum the following data on each ADME program participant:
  - a) Date an initial, extension, or appeal ADME packet is received at HRC-A.
  - b) Initial order start date for the ADME program.
  - c) Current ADME order end date.
  - d) Total number of days a Soldier is on ADME orders.
  - e) Installation assignment.
  - f) RC – ARNG or USAR.
  - g) Soldier's first, last name, and middle initial.
  - h) The Soldier's full Social Security number.
  - i) Order distribution dates from HRC-A.
  - j) REFRAD or separation date from ADME program
  - k) Soldier's disposition from the ADME program.

\* This information will be available for internal HRC-A tracking, to Unit Commanders, and to individual Soldiers inquiring about the status of the packet.
7. Coordinates with MEDCOM through the RMC Senior Case Manager for ADME assignment.
8. Publishes ADME orders. Orders, under 10 USC 12301(h) will state the Soldier is in the ADME program for C2 and accountability purposes. The period of active duty service for each ADME order is 179 days. Each subsequent request for extension requires a DA 4187 signed by the Soldier and his or her designated commander. (See Enclosure 2 and 3 for checklists of documents required for an initial and extension order request.)
  - a. Effective order date for the ADME order will be the date HRC-A received a complete packet requesting ADME. Exception to this is the start date for emergent request (See Section 9, a. (1)). The Officer in Charge (OIC)

of the HRC-A RC Medical Support Services Section will determine this order start date.

- b. Effective date for the ADME order for an appeal case will be the date HRC-A received a complete appeal packet.
9. Sends orders via email to the Warrior Transition Unit (WTU) Commander along with a courtesy copy of the DA 4187 with the Soldier's and unit contact information to the following: the RMC Senior Case Manager, the Soldier's unit, Defense Finance and Accounting Service (DFAS). The ARPERCEN Orders and Resources System (AORS) in Human Resources Command – St. Louis (HRC-STL) will automatically forward via mail a copy to the Soldier's home address, Soldier's parent unit and JFHQ or RRC.
10. Contacts the WTU of assignment to confirm whether the Soldier has complied with their order to active duty and reported to their unit of assignment. If the Soldier does not report, revokes the ADME program order and notifies the Soldier, Soldier's Unit Commander, WTU Commander, and RMC Senior Case Manager the Soldier has failed to report and order revocation.
11. Track ADME Soldiers order expiration and notify the RMC Senior Case Manager and the Soldiers' installation WTU Commander when a Soldier is 90, 60, and 30 days from ADME order expiration.
12. Receives ADME declination appeals, tracks appeal actions, forwards appeals to the MEDCOM for action, receives MEDCOM decision, notifies the Soldier of appeal outcome, and retains appeal results.
13. Enters information into the Medical Operations Data System (MODS) order data fields as necessary.

**e. UNITED STATES MEDICAL COMMAND (MEDCOM):**

- 1) Conducts the ADME Medical Review Board. Provides one of three required board members. Coordinates the appointment of board members representing the ARNGUS and USAR with National Guard Bureau (NGB) and United States Army Reserve Command (USARC) respectively. Ensures that each board member is a licensed physician, a certified physician's assistant, or a licensed nurse practitioner in the rank of lieutenant colonel or above with one board member in the rank of colonel. Ensures that one member of the board is a physician.
- 2) Approves the ADME Medical Review Board recommendations.
- 3) Deciding authority for ADME **medical** declination appeals.

- 4) Staffs and operates WTUs.
- 5) The RMC Senior Case Manager coordinates with WTU Commander and Medical Treatment Facility (MTF) Case Manager to determine most appropriate location to assign ADME Soldiers upon notification from HRC-A of an ADME Soldier.
- 6) The WTU Commander is ultimately responsible for MODS data quality of ADME Soldiers assigned to their command.
- 7) The Case Manager verifies that initial data is entered into MODS by WTU Administrative Specialist.
- 8) The Case Manager maintains the MODS clinical related data fields.
- 9) The RMCs receive ADME program participant order expiration notifications from HRC-A Medical Affairs Branch and coordinate with Soldier's installation WTU command element in determining whether participants require program extension or termination.
- 10) Ensures that for the first ADME order extension the Extension Provider Statement is completed by the primary provider and included with the ADME order extension packet. (See Enclosure 9 for a copy of the Extension Provider Statement.)
- 11) Ensures that for the second and any subsequent ADME order extension the Extension Provider Statement is completed by the primary provider and, reviewed, approved, and signed by the Deputy Commander Clinical Services (DCCS). (See Enclosure 9 for a copy of the Extension Provider Statement.)
- 12) Provides evaluation and treatment plan to the ADME participant.
- 13) Refers Soldiers to the PDES, IAW DODI 1241.2, DODI 1332.38, and AR 600-60, when it is determined that a Soldier will not meet medical retention standards per AR 40-501, Chapter 3.
- 14) Provides a current and relevant profile (DA Form 3349) with any limitations IAW AR 40-501, Chapter 7, to the WTU to which Soldiers are assigned.
- 15) Sends Soldiers' health record to their parent unit upon REFRAD and provides a copy to the Soldier upon request.
- 16) Makes the REFRAD recommendation when the medical reason for entering the ADME program is resolved to the point the Soldier can perform their MOS / AOC within the confines of a profile and it can be determined the Soldier will meet retention standards .

- 17) The WTU Commanders will submit ADME program participant accountability and status reports for ADME Soldiers under their command to MEDCOM as per MEDCOM policy.
- 18) The WTU Commander notifies the Installation Management Agency, HRC-A Medical Section, and the Soldier's home unit when the Soldier is ready for REFRAD.

**f. OFFICE OF THE ASSISTANT SURGEON GENERAL MEDICAL REVIEW BOARD:**

- 1) Reviews the ADME packet to determine if sufficient documentation is available to make a sound clinical decision to return the Soldier to active duty for evaluation and treatment of illness, injury, or disease connected to a contingency operation.
- 2) Makes a recommendation to HRC-A whether Soldiers should or should not be advised that they may voluntarily return to active duty under provisions of the ADME program based on available medical information.
- 3) Two of the three members must recommend approval before a Soldier is offered ADME orders. (See Enclosure 8 for ADME program board case review memorandum.)
- 4) Notifies HRC-A in writing why a Soldier does not meet the medical requirements for acceptance into the ADME program.

**g. INSTALLATION MANAGEMENT COMMAND (IMCOM):**

Collaborate with MEDCOM to ensure WTU command completes in-processing requirements including all personnel and pay actions such as personnel status changes to support accountability in Electronic Military Personnel Office (eMILPO), process for pay and update the Defense Enrollment Eligibility Report System (DEERS), and issue of dependent identification cards if necessary.

**h. NATIONAL GUARD BUREAU (NGB):**

- 1) Provides a physician, physician assistant, or nurse practitioner as requested by MEDCOM to serve as member of ADME Medical Review Board.
- 2) Reviews ADME declination appeals received from JFHQ-[State], HSS. Returns appeals back to JFHQ-[State], HSS if grounds for appeal are unfounded or forwards appeals with recommendation for reconsideration to Human Resources Command -

Alexandria, Attn: AHRC-PL-M-MS (ADME Team), 200 Stovall Street, Alexandria, VA 22332. MEDCOM is the final authority in the appeal process.

**i. UNITED STATES ARMY RESERVE COMMAND (USARC):** Provides a physician, physician assistant, or nurse practitioner as requested by MEDCOM to serve as member of ADME Medical Review Board.

**j. HUMAN RESOURCES COMMAND – ST. LOUIS, SURGEON OFFICE (HRC-STL):**

- (1) Reviews ADME declination appeals received from the RMCs. Returns appeals back to the RMCs for forwarding back down the RC chain to the Soldier if grounds for appeal are unfounded or forwards appeals with recommendation for reconsideration to HRC-A, ATTN: AHRC-PL-M-MS (ADME Team), 200 Stovall Street, Alexandria, VA 22332. MEDCOM is the final authority for the appeal process.
- (2) Ensure the AORS in HRC-STL automatically forwards via mail a copy of ADME orders to the Soldier's home address, Soldier's parent unit and JFHQ or RRC.

**k. UNITED STATES ARMY PHYSICAL DISABILITY AGENCY:** Process PDES cases referred to the United States Army Physical Disability Agency in accordance with 10 U.S.C., DODD, DODI, and AR.

## **9. APPLICATION CATEGORIES:**

a. A RC Soldier and his or her command may apply to the ADME program through one of two avenues, emergent request (a) or non-emergent request (b). See Section 10 of this document for application routing instructions. In an emergent situation only and when the Soldier is incapacitated to the point that he or she cannot make application, the unit may act on the Soldier's behalf and file application for the Soldier to be placed onto ADME status.

### **9-1 DEFINITIONS:**

- a. **Emergent Request.** The Soldier is in an IDT status, not on an active duty orders, and receives an injury or sudden illness in the line of duty, is hospitalized, and it is anticipated the treatment and recovery will take longer than 30 days. Example 1: The Soldier is involved in a motor vehicle accident in route directly to IDT, during drill, or in route directly home from drill and is hospitalized. Example 2: During IDT, the Soldier suffers the sudden onset of an illness and is hospitalized.
- b. **Non-Emergent Request.** The Soldier reports an injury during IDT and the unit initiates a line of duty. Example: The Soldier received an ankle injury during IDT



and receives care at a local civilian hospital. Several days later the Soldier notifies the unit that his or her private doctor recommends a treatment plan that requires more than 30 days to resolve the medical condition. Soldier is unable to perform his or her MOS / AOC in the confines of a Physical Profile (DA FORM 3349).

- c. In the event of an emergent situation and the **Soldier is unable to consciously make the decision** to request or decline ADME, the legal next of kin has the authority to decide for the Soldier. If there is no legal next of kin, the unit will treat this case as an emergent case and request ADME orders.
- d. In the case of a **member of the ARNGUS**, consent of the Governor or other appointed authority of the State concerned is necessary before placing the Soldier on active duty in the ADME program. It is the responsibility of the Unit Commander of the Soldier making application to obtain this consent prior to submitting an ADME packet to HRC-A. The Commander's signature, or his designee, on the DA FORM 4187 – Personnel Action, will serve as proof this approval has been granted. The only exception to this policy is in an emergent situation when appropriate State authority is unavailable and delay will adversely affect the Soldier and his or her Family in receiving active duty entitlements.
- e. For both emergent and non-emergent cases, a Soldier's unit is responsible to initiate the LDI process IAW AR 600-8-4 to protect the Soldier as well as the interest of the Army.
  - 1) In emergent case, the LDI and Physical Profile (DA FORM 3349) are secondary and will not prevent the Soldier from receiving immediate emergency medical care. These documents can be furnished by the Soldier's unit to HRC-A within 10 working days after the emergent situation is stabilized to determine whether the Soldier should continue receiving medical care while on ADME orders.
  - 2) In all cases, a Soldier must be found unable to perform his or her MOS / AOC within the confines of a Physical Profile (DA FORM 3349) to enter or continue in the ADME program.
  - 3) Resolution of the medical condition must be anticipated to exceed 30 days for a Soldier to be eligible for the ADME program or remain in the program if entered into the program under the emergent criteria.

## 10. PROGRAM SELECTION:

- a. RC chain of command counsels Soldiers on INCAP pay program option and provisions prior to submitting request packet to HRC-A. A RC teaching tool is available in the WTU - RC Consolidated Guidance or at the following Army, G-1, website to assist educating Soldiers and their leadership,  
<http://www.armyg1.army.mil/MilitaryPersonnel/policy.asp>

b. RC chain of command assists Soldiers in completing the ADME application packet.

c. The RC unit will submit Soldiers' applications through their RC chain of command as follows:

1) Army Reserve unit will forward the completed ADME application packets through the following paths:

- a) Original packet from the unit via FAX ((703) 325-8771) or email (rcmedicalretention@conus.army.mil) directly to Human Resources Command - Alexandria, ATTN: AHRC-PL-M-MS (ADME Team), 200 Stovall St., Alexandria, VA 22332.
- b) Informational copy, following HIPAA standards, is sent through the unit's RRC, through the RMC, to HRC– St. Louis Surgeon Office, AHRC-SG, 1 Reserve Way, St. Louis, MO 63132-5200.
- c) Soldier will hand carry a copy of their medical records to unit of assignment.

2) Army National Guard unit will forward the completed ADME application packets through the following paths:

- a) Original packet from the unit via FAX ((703) 325-8771) or email (rcmedicalretention@conus.army.mil) directly to Human Resources Command - Alexandria, ATTN: AHRC-PLM-MS (ADME Team), 200 Stovall St., Alexandria, VA 22332.
- b) Sent informational copy, with limited documents IAW HIPAA through the JFHQ-[State], HSS to NGB.

d. HRC-A receives the applications and reviews them for administrative eligibility. Those applications that meet administrative eligibility are forwarded to Office of the Surgeon General, ATTN: The Office of the Assistant Surgeon General for Force Projection. HRC-A sends a letter of regret to the Soldiers who are not eligible for ADME along with an explanation of why they were not eligible and the Soldier's right to appeal.

e. The Office of the Assistant Surgeon General for Force Projection receives the administratively approved applications from HRC-A and convenes the ADME Medical Review Board.

f. The completed board packets and decisions are returned to Human Resources Command – Alexandria, ATTN: AHRC-PL-M-MS (ADME Team), 200 Stovall St., Alexandria, VA 22332.

g. 1) HRC-A sends a letter of regret to the Soldiers who were not approved for participation into the ADME program along with a brief explanation of why they were not selected and their right to appeal. HRC-A maintains the disapproved applications in a file until the end of the current contingency operation plus two years.

**Or,**

2) HRC-A sends the approved application to the RMC with the area of responsibility for the Soldier's home of record (HOR).

h. The RMC, Senior Case Manager, in coordination with the WTU Commander and Case Manager, determines the best MTF for assignment and provides that information to the HRC-A ADME Team. The installation of assignment might not be the closest one to the Soldier's residence. If appropriate, the RMC will coordinate with other RMCs to ensure appropriate assignment based on medical and garrison capability and capacity to manage the Soldier.

i. HRC-A publishes ADME orders for the selected Soldiers, assigning them to the installation designated by the RMC. All Soldiers will report initially to an Army MTF for evaluation and development of initial treatment plan.

j. After initial evaluation and treatment plan has been completed at the assigned MTF and WTU by a designated medical authority, determination is made by the WTU Commander where the Soldier will perform "duty at." Decisions will be based primarily on medical necessity.

k. Medical care authorized under the ADME program shall be provided until the member is found fit for military duty, or the injury, illness, or disease cannot be materially improved by further hospitalization or treatment and the member has been separated or retired as the result of the PDES. It is not within the mission of the Army to retain Soldiers on active duty to provide prolonged, definitive medical care when it is unlikely the member will return to full military duty. Soldiers shall be referred into the PDES as soon as the probability that they will be unable to return to full duty is ascertained and optimal medical treatment benefits have been attained.

**All Soldiers shall be referred for evaluation within one year of the diagnosis of their medical condition if they are unable to return to military duty** (DODD 1332.18 and DODI 1332.38; references cc. and dd.).

l. See Section 27 of this document for processes to separate or REFRAD Soldiers.

## **11. APPEAL, RESUBMISSION OR EXCEPTION PROCESS FOR ADMINISTRATIVE OR MEDICAL DENIALS:**

- a. The Warrior Transition - RC Consolidated Guidance (WTU - RC) outlines the policies for the Warrior in Transition (WTU) programs consisting of the Medical Retention Processing (MRP) and Medical Retention Processing 2 (MRP2) programs. These programs were established to provide medical care for RC Soldiers who incurred medical conditions in support of GWOT. Applications must be submitted as outlined in this guidance.
- b. In addition, the WTU - RC outlines the policies for the Active Duty Medical Extension (ADME) program. This program was established to provide medical care for RC Soldiers with a documented in the line of duty incurred or aggravated injury, illness, or disease non-GWOT.
- c. Exceptions to the existing policies can be requested as outlined below in 'The WTU Exception Process'. Appeals to decisions rendered may be submitted as outlined below in 'The WTU Appeal Process'.
- d. An incomplete application will not be processed. The identified missing administrative or medical documents/information will be noted and the Soldier will be notified through their chain of command. The identified missing documents/information must be resubmitted through HRC-A by the identified suspense date.
- e. For documentation purposes the WTU - CG defines '**RESUBMISSION**' as a request by the Soldier to have their original application packet, which was disapproved, reviewed again with **additional documentation**.

### **11-1. the ADME Exception Process:**

- a. For purposes of documentation the WTU - CG defines '**EXCEPTION**' as a request by the Soldier to waive a rule or policy statement based on mitigating or exceptional circumstances.
- b. The routing for exception requests to established WTU policy will be through HRC-A to HQDA, G1 (DAPE-MPE-IP), Attn. WTU Exceptions, Room 1C449, 300 Army Pentagon, Washington DC, 20310.

#### **1) The process for exceptions will be as follows:**

- a) Soldier requests an exception to established policy through their chain of command. A cover letter detailing the individual's situation and reason for exception request must be submitted along with the 'Exception request' form (enclosure 11) all appropriate packet documentation to HRC-A.
- b) HRC-A will review the packet for completeness and submit it to HQDA G1 for review.
- c) HQDA G-1 will process the exception request and provide an approval/disapproval to HRC-A within **five** business days.
- d) HRC-A will notify the Soldier through their chain of command of the decision.

## **2) Approval of an exception request:**

If the request for exception is approved, HRC-A will notify the Soldier through their chain of command. The effective order date will be the date HRC-A first received a complete application from the Soldier. HRC-A will notify the Soldier of the order effective date and where and when the Soldier is to report.

## **3) Denial of an exception request:**

If the request for exception is denied, HRC-A will notify the Soldier through the chain of command that the exception is denied. The Soldier may appeal a denial of an exception to Army HQDA, G1 (DAPE-MPE-IP), Attn. Branch Chief, WTU (MHO)/ADME Exception Appeal, Room 1C449, 300 Army Pentagon, Washington DC, 20310. The unit commander must counsel the Soldier and document the counseling session and keep a copy in the Soldier's personnel file.

## **11-2. WTU Resubmission Process:**

For of documentation purposes the WTU C G defines **RESUBMISSION** as a request by the Soldier to have their original disapproved packet **reviewed again with additional documentation.**

- a. The Resubmission process will originate with the Soldier and sent through the chain of command to HRC-A.
- b. The Soldier will submit a letter (in a simple format, not in a memorandum format), a 'Resubmission request' form (enclosure 11) along with all the original documentation in the initial application submitted to HRC-A and any new documents the Soldier has available, through the company commander or CMO (Career Management Officer).
- c. The Soldier's company commander/CMO will attach a cover letter and forward the complete Resubmission packet to the next level as appropriate. The Soldier's unit commander/CMO must forward the packet within five business days.
- d. Once the packet is sent to the next level, the company commander will inform the Soldier (through the Soldier's AKO account). USAR unit commanders will submit the packet through their respective RRC (or relevant command) to HRC-A at the above address.
- e. NG unit commanders will submit the packet through their respective State National Guard Bureau (NGB) to the Chief, Army NGB [The National Guard Bureau](#), 11411 Jefferson Davis Highway, Arlington VA 22202-3231. Chief,

Army NGB will forward the packet with a cover letter to HRC-A, Attn: AHRC-PL-M-MS, 200 Stovall Street, Alexandria, VA 22332

- f. IRR Soldiers will use HRC-St. Louis as their chain of command, the Soldier's CMO will process the application within five business days and forward directly to HRC-A. The CMO will attach a cover letter signed by the first officer in the chain of command.
- g. There is no legal limit on the number of submissions, however, unless the original packet contains new information that will specifically address the reason/s for the original packet's rejection, the Soldier best course of action would be to request an exception or to appeal.

### **11-3 The ADME Appeal Process:**

- a. For purposes of documentation in the WTU Consolidated Guidance, **'APPEAL'** will be defined as a request by the Soldier to have their application packet reviewed by a higher level of authority (i.e. HQDA G1 or WTU Physician Consultant) following a disapproval by the initial level of authority (i.e. HRC - Alexandria or MRB). The appeal should include all originally submitted documentation with **no new documentation**.
- b. The ADME appeal process is a two-track process, an administrative track and a medical track.
- c. The administrative track will process all appeals specific to administrative issues (i.e. packets received outside identified application window, packets lacking required administrative documentation, such as LOD etc.).
- d. The medical track will process all appeals specific to medical issues (i.e. denial of an application due to a preexisting condition, lack of medical documentation, etc.).
- e. Medical appeals email is MedicalAppeals@hqda.army.mil.

#### **1) The administrative appeal track:**

- a) The administrative appeal track will originate with the Soldier and be sent through the chain of command to HRC-A. This appeal will then be forwarded to Army HQDA, G1 (DAPE-MPE-IP), Attn. WTU Appeals, Room 1C449, 300 Army Pentagon, Washington DC, 20310.
- b) The Soldier will submit a letter (in a simple format, not in a memorandum format), an **'Administrative request' form (enclosure 11)** along with all documentation originally submitted to HRC-A, the initial application, with **no new documents**.
- c) The Soldier's company commander/CMO will attach a cover letter and forward the complete appeal packet to the next level as appropriate. The Soldier's unit commander/CMO must forward the packet within five business days.
- d) Once the packet is sent to the next level, the company commander will inform the Soldier (through the Soldier's AKO account). USAR unit commanders

will submit the packet through their respective RRC (or relevant command) to HQDA, G1 at the above address.

- e) NG unit commanders will submit the packet through their respective State National Guard Bureau (NGB) to the Chief, Army NGB [The National Guard Bureau](#), 11411 Jefferson Davis Highway, Arlington VA 22202-3231. Chief, Army NGB will forward the packet with a cover letter to HQDA, G1 at the above address.
- f) HQDA, G1 is the only Army office authorized to accept or deny any administrative appeals.
- g) **IRR Soldiers** will use HRC-St. Louis as their chain of command, the Soldier's CMO will process the application within five business days and forward directly to HQDA, G1. The CMO will attach a cover letter signed by the first officer in the chain of command.

## **2) Approval of an administrative appeal:**

- a) An approval of an administrative appeal does not mean that the Soldier met the medical criteria for admission into the WTU process. Once an administrative appeal is approved, HQDA, G1 will forward the packet to HRC-A for processing and review by the Medical Review Board (MRB).
- b) A determination by the MRB that the Soldier is medically qualified for WTU will be completed with 5 business days. This determination will result in orders being published by HRC-A.
- c) The effective order date will be the date HRC-A first received a complete packet from the Soldier. HRC-A will notify the Soldier of the order effective date and where and when the Soldier is to report.

## **3) Denial of an administrative appeal:**

- a) HQDA, G1 will send denials of an administrative appeal to HRC-A. HRC-A will forward the decision to the Soldier through the Soldier's chain of command.
- b) The Soldier's unit commander must counsel the Soldier his appeal denial and that the Soldier has an option to appeal through the Army Board for Correction of Military Records (ABCMR) at [http://arba.army.pentagon.mil/abcmr\\_app\\_proc.htm](http://arba.army.pentagon.mil/abcmr_app_proc.htm) . The unit commander must document the counseling session and keep a copy in the Soldier's personnel file.

## **4) The ADME Medical Appeal Track:**

- a) The Soldier will initiate all medical appeals through the chain of command to HRC-A. The appeal will then be forwarded to the Office of the Surgeon General (OTSG), WTU Physician Consultant, Dept. of the Army Pentagon, Attn: DASG-ZH, 800 Army Pentagon, Room 2A486, Washington, DC 20310-0800.

- b) The Soldier wishing to appeal a MRB decision will initiate the appeal process through the chain of command. The Soldier will submit a letter (in a simple format, not in a memorandum format) with an 'Appeal request' form (enclosure 11) and all documentation originally submitted to HRC-A, Attn: AHRC-PL-M-MS, 200 Stovall Street, Alexandria, VA 22332. **New medical documentation will NOT be added to the medical appeal packet.**
- c) The MRB is a three-person board representing all Army components. The medical appeal board consists of the WTU Physician Consultant.
- d) The Soldier's company commander will attach a cover letter and forward the complete appeals packet to the next level as appropriate. The Soldier's unit commander must forward the packet within five business days. IRR Soldiers will use HRC-St. Louis as their chain of command.
- e) Once the packet is sent to the next level, the company commander will inform the Soldier (through the Soldier's AKO account). USAR unit commanders will submit the packet through their respective RRC (or relevant command) to OTSG at Pentagon, Attn: DASG-ZH, 800 Army Pentagon, Room 2A486, Washington, DC 20310-0800. NG unit commanders will submit the packet through their respective state National Guard Bureau (NGB) to the Chief, Army NGB [The National Guard Bureau](#), 11411 Jefferson Davis Highway, Arlington VA 22202-3231. Chief, Army NGB will forward the packet with a cover letter to the Office of the Surgeon General (OTSG), WTU Physician Consultant.

#### **5) Approval of a medical appeal:**

- a) An approval of a medical appeal means that the Soldier met all administrative and medical criteria for admission into the WTU process. Once a medical appeal is approved, the WTU Physician Consultant will forward the packet to HRC-A within five business days for processing. This determination will result in orders being published by HRC-A.
- b) The **effective order date** will be the date HRC-A first received a complete packet from the Soldier. HRC-A will notify the Soldier of the order effective date and where and when the Soldier is to report.

#### **6) Denial of a medical appeal:**

- a) OTSG, WTU Physician Consultant will send denials of a medical appeal to HRC
- b) HRC-A will forward the decision to the Soldier through the Soldier's chain of command.
- c) The Soldier's unit commander must counsel the Soldier that his appeal was denied and that the Soldier has an option to appeal through ABCMR at [http://arba.army.pentagon.mil/abcmr\\_app\\_proc.htm](http://arba.army.pentagon.mil/abcmr_app_proc.htm). The unit commander must document the counseling session and keep a copy in the Soldier's personnel file.



**7) Duplicate appeals, complaints or intervention requests.**

- a) A Soldier must notify HQDA, G1 of any other previously filed appeals complaints or intervention requests other than the current appeal. For example, IG complaints, appeals for congressional intervention, etc. The reason is to eliminate duplication of investigation and encourage coordination between the various agencies.
- b) Once HQDA, G1 or OTSG, WTU Physician Consultant denies an appeal, the Soldier may not appeal the same case again to HQDA, G1 or to the OTSG, WTU Physician Consultant. The Soldier, if they wish to appeal again, must do so through ABCMR.
- c) Any Soldier is entitled to appeal a denial by HQDA, G1 or OTSG's, WTU Physician Consultant to ABCMR at [http://arba.army.pentagon.mil/abcmr\\_app\\_proc.htm](http://arba.army.pentagon.mil/abcmr_app_proc.htm).

**12. PROGRAM ACCOUNTABILITY AND TRACKING:**

a. The MODS Warrior in Transition (WT) module provides real-time visibility and accountability of RC Soldiers assigned to MTF WTUs. The MODS WTU module is the Army's tracking and reporting database for WTU and ADME Soldiers. MEDCOM is maintains the MODS WTU module.

b. MODS database input:

- 1) The MTF WTU Commander is ultimately responsible for the accuracy of MODS administrative and clinical data fields for the ADME Soldiers assigned to his or her command.
- 2) The MTF WTU Administration Specialists, under the direction of the WTU Commander, is responsible to initially enter the Soldier into the MODS database and ensure the administrative data fields are maintained.
- 3) The Case Manager, under the direction of the WTU Commander, is responsible to ensure the clinical data fields are maintained.
- 4) As a quality assurance check, the Case Manager verifies that initial data is entered into MODS by WTU Administrative Specialist.
- 5) HRC-A is responsible for updating administrative order related data fields when orders are issued or modified.

c. The WTU Commanders will submit ADME program participant accountability and status reports for ADME Soldiers under their command to MEDCOM as per MEDCOM policy.

d. The HRC-A will maintain data on the status of ADME application packets. This information will be available for internal HRC-A tracking, to Unit Commanders, and to individual Soldiers inquiring about the status of their packet.

e. The HRC-A will track all orders related to the ADME program.

### **13. ASSIGNMENT AND REASSIGNMENT:**

a. HRC-A publishes all orders related to the ADME program.

b. For initial assignments, HRC-A will contact the RMC for WTU assignment. The RMC will coordinate with the MTF and MTF WTU prior to giving HRC-A an assignment location.

c. Extension and inter-WTU transfer orders requests will be coordinated through the RMC, with further coordination between the RMC and HRC-A.

d. The ADME participant will receive orders “assigning” him or her to the Army MTF WTU most appropriate to provide medical care for the Soldier’s condition. The MTF assignment may not be on the Army installation closest to the Soldier’s home.

e. IAW AR 210-50, Housing Management, adequate quarters will be provided to a Soldier where a Soldier is assigned. Use of government quarters and mess is directed; otherwise, a statement of non-availability control number signed by the installation commander is required for Per Diem. Family quarters and Permanent Change of Station (PCS) of Family members are not authorized. Basic Allowance for Housing (BAH) is based on the ADME Soldier’s HOR zip code.

f. Reimbursement for travel is not authorized for transportation to and from the treating medical facility unless the facility is outside the local commuting area and TDY travel is authorized.

g. If medical care and/or the PDES process will not be delayed, the commander of the MTF WTU has the authority to authorize endorsement of orders (IAW AR 600-8-105) through HRC-A for the Soldier to perform “duty at” either a unit on the installation or a unit within commuting distance of the MTF where the Soldier is receiving medical care.

h. The WTU or unit where the Soldier is performing “duty at” will:

- 1) Employ the ADME Soldier in a position appropriate to his or her rank and medical profile per AR 40-501.

- 2) Ensure the ADME Soldier is carried as “authorized excess” and will not be slotted against a Table of Distribution and Allowance / Modified Table of Organization and Equipment (TDA / MTOE) position.
  - 3) Ensure the ADME Soldier is at designated place of duty during assigned duty hours.
  - 4) Establish a rating chain for the ADME Soldier IAW AR 623-3 (Evaluation Reports) for Officer Evaluation Report (OER) or Noncommissioned Officer Evaluation Reports (NCOER).
  - 5) Ensure the ADME Soldier reports for all medical appointments and follows his/her prescribed medical regimen. The ADME Soldier is required to report for all medical appointments unless circumstances clearly beyond his or her control prevent keeping appointments and the appropriate authority has approved changes. Failure to make scheduled appointments or report for duty may result in Uniformed Code of Military Justice (UCMJ) action.
  - 6) Soldier will be attached for “duty at” to perform USC Title 10 work. Soldiers will not be attached for “duty at” to an Army National Guard unit or facility for USC Title 32 work or under USC Title 32 supervision.
- i. Soldiers on ADME orders will not be assigned or further attached to a WTU.
  - j. Soldiers on ADME orders are not eligible for assignment to a Community Based Health Care Organization (CBHCO).

#### **14. REFERRAL TO THE ARMY PHYSICAL DISABILITY EVALUATION SYSTEM (PDES):**

It is not within the mission of the Army to retain members on active duty or in the Ready Reserve to provide prolonged, definitive medical care when it is unlikely the Soldier will not return to full military duty. As provided in DODI 1332.38, (reference dd.) ADME participants will be referred to the Army PDES:

- a. As soon as the treating military physician determined that the Soldier does not meet medical retention standards as per AR 40-501 – Standards of Medical Fitness, Chapter 3.
- b. All Soldiers shall be referred into the DES evaluation within one year of the diagnosis of their medical condition if they are unable to return to military duty. As provided in DODI 1332.38, E3.P1.6.1 page 20 (reference dd.).
- c. Soldiers will be referred into the DES as soon as the probability that they will be unable to return to full duty is ascertained and optimal medical treatment benefits have been attained.

## **15. DECLINATION OF ADME:**

Soldiers may decline entrance up to the time of ADME orders publication. If the Soldier is eligible and wishes to withdraw his or her ADME application, the Soldier must sign a *Declination of ADME Statement* (See ADME Enclosure 7). Soldiers may decline without prejudice prior to the publication of ADME orders.

## **16. REQUEST TO WITHDRAW FROM PROGRAM:**

- a. HRC-A is the authority to approve or deny ADME program REFRAD requests.
- b. A Soldier may request to withdraw from the ADME Program:
  - 1) During a 179-day ADME order, however, that approval is subject to the Army's needs and the Soldier's medical status. If the Soldier has not completed their medical care or the PDES process, except in extreme circumstances, a request for REFRAD during the 179-day ADME order will be denied.
  - or
  - 2) At the end of a 179-day ADME order regardless whether the Soldier's medical care, and if applicable, the PDES process is completed.
- c. Withdrawal REFRAD request documents:
  - 1) For withdrawal REFRAD requests, the Soldier must submit a DA Form 4187 and ADME Program Withdraw Statement (See Enclosure 7 for sample) through his or her chain of command to HRC-A Medical Cell requesting REFRAD.
  - 2) The Soldier signs the Withdrawal Statement (See ADME Enclosure 7) after counseling by an individual knowledgeable in the ADME program and INCAP pay if military medical authority advises the Soldier should be retained on active duty for further evaluation and treatment. A RC teaching tool is available in the WTU Consolidated Guidance or on-line at the following Army G-1 website to assist educating Soldiers and their leadership on the ADME program, INCAP pay. <http://www.armyg1.army.mil/MilitaryPersonnel/policy.asp>
- d. Upon REFRAD, the Soldier will return to their respective component control. Soldiers who require completion of any portion of the Army PDES and elect REFRAD will have a DA Form 3349, Physical Profile prepared that clearly indicates the diagnosis and current status in the Army PDES process. A copy of the DA 3349 must be given to the Soldier and his or her chain of command.

## **17. LINE OF DUTY INVESTIGATION:**

- a. Line of duty determinations are essential for the protecting the interest of both the individual concerned and the U.S. Government where service is interrupted by injury, disease, or death. AR 600-8-4, Line of Duty Procedures and Investigations govern the Army's LDI policy.
- b. The Unit Commander where the ADME Soldier was performing duty at the time of injury or illness or disease is responsible for ensuring that a LDI is conducted per AR 600-8-4.
- c. An interim LDI is valid for 60 days from date of incident for an informal LDI and 90 days for a formal LDI. If the Soldier is required to remain on ADME beyond 60 days or 90 days respectfully, the LDI must be completed and approved IAW AR 600-8-4 prior to continuation of ADME orders.
- d. Commanders must ensure a LDI is completed and approved for any RC Soldier who incurs or aggravates an injury, disease, or illness. If a Soldier is on active duty, the LDI determination will be made before a Soldier is released from active duty to prevent forfeiture of medical benefits and compensation.
- e. For emergent ADME requests, the Soldier's Commander is responsible to submit an interim LDI to HRC-A ADME Team within 10 working days of the ADME request and completed LDI as soon as possible within timeframes of AR 600-8-4.

## **18. 365 DAY POLICY:** To be published.

## **19. ESTIMATED TIME OF SEPARATION (ETS) OR MANDATORY REMOVAL DATE (MRD):**

A Soldier will be discharged on the expiration of his or her service obligation or upon reaching MRD unless action is taken to retain the Soldier beyond service expiration. Soldiers with a military physician's recommendation may volunteer to remain in the service beyond their ETS or MRD to undergo required health care or complete processing through the PDES. This retention can only be approved by HRC-A. The Soldier must consent to remain beyond ETS or MRD. The WTU Commander will contact HRC-A for instructions to extend the Soldier at a minimum of 45 days prior to such ETS or MRD. DA FORM 4187, Personnel Action must be completed, signed by the requesting Soldier and forwarded through the WTU chain of command to HRC-A. HRC-A is the final authority to approve or decline extension requests. Forward requests to:

Human Resources Command - Alexandria  
ATTN: AHRC-PLM-MS, 200 Stovall Street,  
Alexandria, VA 22332

## **20. 18 YEARS ACTIVE FEDERAL SERVICE (AFS):**

**Reserve Members in Active Status.**— A reserve enlisted member serving in an active status who is selected to be involuntarily separated (other than for physical disability or for cause), or whose term of enlistment expires and who is denied reenlistment (other than for physical disability or for cause), and who on the date on which the member is to be discharged or transferred from an active status is entitled to be credited with at least 18 but less than 20 y(b) Reserve Members in Active Status.— A reserve enlisted member serving in an active status who is selected to be involuntarily separated (other than for physical disability or for cause), or whose term of enlistment expires and who is denied reenlistment (other than for physical disability or for cause), and who on the date on which the member is to be discharged or transferred from an active status is entitled to be credited with at least 18 but less than 20 years of service computed under section 12732 of this title, may not be discharged, denied reenlistment, or transferred from an active status without the member's consent before the earlier of the following:

- a. If as of the date on which the member is to be discharged or transferred from an active status the member has at least 18, but less than 19, years of service computed under section 12732 of this title— the date on which the member is entitled to be credited with 20 years of service computed under section 12732 of this title; or the third anniversary of the date on which the member would otherwise be discharged or transferred from an active status.
- b. If as of the date on which the member is to be discharged or transferred from an active status the member has at least 19, but less than 20, years of service computed under section 12732 of this title— the date on which the member is entitled to be credited with 20 years of service computed under section 12732 of this title; or the second anniversary of the date on which the member would otherwise be discharged or transferred from an active status.

## **21. EVALUATION REPORTS:**

When Soldiers are reassigned to the WTU, a change of duty evaluation report (both Officer and NCO) is required, provided the requirements of AR 623-3 are met. Once assigned to the WTU, no evaluation is required. Time spent in the WTU will be non-rated. Evaluation Reports will reflect non-rated time (code P), IAW DA PAM 623-3, table 2-9 for officers and table 3-7 for enlisted.

## **22. PROMOTIONS:**

Soldiers remain otherwise fully eligible for promotion while assigned to Warrior Transition Units (WTU). Refer to AR 600-8-19 and the Army's Personnel policy Guidance (PPG) <http://www.armyg1.army.mil/MilitaryPersonnel/ppg.asp>) for all related promotion policies.

### **23. PAY AND ENTITLEMENTS:**

- a. Soldiers will remain under the Reserve Component Pay System. Soldiers on ADME orders will maintain their BAH based on their residence zip. Soldiers will maintain FSA if otherwise entitled (Department of Defense Financial Management Regulation (DODFMR), Volume 7A, Chapter 27). Basic Allowance for Subsistence (BAS) will continue.
- b. Soldiers will accrue retirement points while on ADME orders.
- c. See ADME ANNEX A for a pay and benefits chart.

### **24. LEAVE:**

- a. Leave is accumulated while on active duty on ADME orders IAW AR 600-8-10.
- b. The WTU Commander is encouraged to grant leave so long as it does not interfere with or extend the Soldier's:
  - (1) Medical care,
  - (2) Medical retention and evaluation process, or
  - (3) Delay out-processing from the MRP program.
- c. Upon Soldiers' REFRAD or separation, may sell back unused leave, if eligible. Transitional leave may be granted. Permissive TDY (PTDY) is **not** authorized.
- d. HRC-A may extend ADME orders in order to complete approved *Transition leave* past the original anticipated ADME orders end-date.

### **25. ADME AND FEDERAL COMPENSATION:**

A Soldier may not receive pay and benefits under the ADME program and any other federal or state benefits concurrently, unless specifically permitted by law.

### **26. UNIFORM CODE OF MILITARY JUSTICE (UCMJ):**

- a. Soldiers participating in the ADME program are subject to UCMJ.
- b. The Commander of the WTU exercises UCMJ authority as per AR 27-10, Military Justice, Chapter 3-7; MTF; and MEDCOM policy.
- c. Courts-martial authority follows installation policy for the location of the MTF the WTU falls under.

## **27. PREGNANCY:**

Pregnancy will not be a criterion for entry into the MRP program. A Soldier who is qualified for the MRP program who is also pregnant may be entered into the MRP program if the pregnancy will not interfere with the medical care provided for the qualifying illness or injury. A Soldier whose pregnancy interferes with the care, treatment or evaluation of her illness or injury will be REFRAD from the MRP program and may be brought back after the current pregnancy for the completion of her care or evaluation.

## **28. REFRAD AND SEPARATION:**

### **a. Soldiers REFRAD:**

- 1) When a Soldier has been medically cleared to return to duty, the Soldier's C2 element will forward the DA FORM 4187 requesting REFRAD (signed by the Company Commander) and a "fit-for-duty" (signed by the Soldier's primary care giver) to Human Resources Command - Alexandria, ATTN: AHRC-PL-M-MS, 200 Stovall Street, Alexandria, VA 22332.
- 2) HRC-A will forward a REFRAD authorization memorandum to the supporting WTU and the Transition Center. Upon receipt of the REFRAD authorization memorandum, the WTU administrative specialist will coordinate with the Transition Center for the Soldier to process DD Form 214.
- 3) The WTU administrative specialist will coordinate with the Installation Transition Center to publish the final DD 214 and the REFRAD order and make any corrections with supporting documents.
- 4) The Transition Center will make the appropriate changes in Transition Processing (TRANSPOC) and review with the Soldier. The transition center will publish the final DD Form 214 and the REFRAD order format 523.
- 5) The Transition Center will mail copies 1 and 4 along with a copy of the REFRAD order to the Soldier's address listed on the DD Form 214, and distribute other copies of the DD Form 214 as required to include the owning ARNG or USAR unit.
- 6) The WTU administrative specialist is required to complete the eMILPO 5010 transaction. The Transition Center will forward a copy of the final DD Form 214 to the local finance office in order to stop the individual's pay and allowances. The local finance office will complete either an A24 or 900 transaction in Defense Joint Military Pay System (DJMS) to stop the Soldier's pay and allowances.
- 7) The Soldier can be released to return to his unit with the faxed/emailed copy of the DD FORM 214 and REFRAD order.



**b. Soldiers separated without disability benefits:**

- 1) When a Soldier has been processed through the PDES and is selected to separate without physical disability benefits the US Army Physical Disability Agency (PDA) will input the Soldier's personnel data into TRANSPROC.
- 2) When the Installation Transition Center locates the Soldier's information in TRANSPROC, the Transition Center will notify the WTU or C2 element. Upon notification, the WTU or C2 element will locate the Soldier and direct Soldier to begin transition proceedings. Soldiers residing on or near installations will report to the transition center, with their records, for out-processing within 24 hours of the notification.

**c. Soldiers separated with severance Pay:**

- 1) When a Soldier has been processed through the PDES and is to be separated with Severance Pay, the PDA will input the Soldier's personnel data into TRANSPROC.
- 2) When the Installation Transition Center locates the Soldier's information in TRANSPROC, the Transition Center will notify the WTU or C2 element. Upon notification, the WTU or C2 element will locate the Soldier and direct the Soldier to begin transition proceedings. Soldiers residing on or near installations will report to the Transition Center, with their records, for out-processing within 24 hours of the notification.

**Note: input the severance pay transaction before the soldier departs the active army installation or the CBHCO.**

**d. Soldiers separated to the Temporary Disability Retirement List (TDRL)/ Permanent Disability Retirement List (PDRL):**

- 1) When a Soldier has been processed through the PDES and is to be separated to the TDRL/PDRL, the US Army PDA will input the Soldier's personnel data into TRANSPROC.
- 2) When the Installation Transition Center locates the Soldier's information in TRANSPROC the Transition Center will notify the WTU or C2 element. Upon notification the MRPU or C2 element will locate the Soldier and direct Soldier to begin transition proceedings. Soldiers residing on or near installations will report to the Transition Center, with their records, for out-processing within 24 hours of the notification.

**29. RECORDS MOVEMENT:**

**a. Soldier's Records.** Personnel and Medical records will be transferred from the Soldier's command to the Soldier's installation of assignment. The WTU will be responsible for disposition of the Soldiers' records as follows:

- 1) Soldiers will not hand carry their medical records. The Soldier will be given a copy of the medical record with the original to follow. The original medical record will be sent from the losing installation to the MTF via mail IAW AR 40-66.
- 2) Manage Personnel Records by hard copy or by scanned files. Make one copy of the personnel record. The original personnel record will be included with medical records in the mail package and the copy will be hand-carried by the Soldier.

**b. Final Disposition of records will be as follows:**

- 1) REFRAD: The Soldier's records will be returned to the Soldier's RC records custodian.
- 2) Separation:
  - a) Personnel records will be forwarded to the Army Human Resources Command – St. Louis, ATTN: AHRC-CIS-PV, 1 Reserve Way, St. Louis, Missouri 63132-5200. A copy of the Separation order and DD Form 214 must be included with the personnel records. Soldiers will be given a copy of their retirement order and DD Form 214.
  - b) Medical Records will be forwarded to the Department of Veterans Affairs, Records Management Center, P.O. Box 5020, St. Louis, MO 63115-5020.
- 3) Retirement. The Soldier's personnel and medical records will be forwarded to the Transition Center processing the Soldier's retirement. Soldiers will be given a copy of their REFRAD order and DD Form 214.

**30. INCAPACITATION (INCAP) PAY:**

Soldiers on active duty under orders for a period of more than 30 days who would otherwise be retained on orders due to an in the LOD incurred illness, injury, or disease or aggravated preexisting conditions, but elect to decline ADME and leave active duty, may be entitled to INCAP pay. A Soldier cannot draw INCAP pay and concurrently be in the ADME program. See AR 135-381, Incapacitation of Reserve Component Soldiers and SOSI 1241.2 for details on INCAP pay.

**31. POINTS OF CONTACT:**

- a. HRC-A, Chief of Medical Support Services Division,, DSN 221-0535/9071/6577 or COM (703) 325-1730/3746/6577, rcmedicalretention@conus.army.mil
- b. ASA (M&RA), WTU Team, DSN 223-3279 or COM (703) 697-3279.
- c. HQDA G-1, Medical Policy, DSN 223-7874 or COM 703-695-7874.

- d. Installation Management Agency, Military Personnel Division, DSN 332-3311 or COM (703) 602-3311.
- e. MEDCOM / OTSG, The Office of the Assistant Surgeon General for Force Projection, DSN 223-5601, COM (703) 693-5601.
- f. PDA, COM (202) 782-3041.
- g. NGB, Chief of Clinical Services, DSN 327-7143 or COM (703) 607-7143.
- h. USARC, Surgeon Office, AFRC-MD, DSN 367-8212/8216, COM (404) 464-8212/8216.
- i. HRC-STL, AHRC-SG, 1 Reserve Way, St. Louis, MO 63132-5200, DSN 892-0392, COMM (314) 592-0392.
- j. United States Army Finance Command (USAFINCOM), DSN 699-6910/3016/2223, COM (317) 510-6910/3016/2223.
- k. DFAS Ombudsman Team, DSN 699-3294/3989, COM (317) 510-3294/3989.

**32. ENCLOSURES FOR ADME PACKETS:**

**ADME ENCLOSURE 1 –ADME Program Unit Cover Letter**

**REQUESTING UNIT’S LETTERHEAD**

OFFICE SYMBOL

DATE

MEMORANDUM FOR Human Resources Command – Alexandria,  
Attn: AHRC-PL-M-MS (ADME Team), 200 Stovall Street, Alexandria, VA 22332  
<mailto:rcmedicalretention@conus.army.mil>

SUBJECT: Request for Active Duty Medical Extension (ADME) Status for:

\_\_\_\_\_  
(Print Soldier’s name, rank, and Social Security Number)

Soldier’s AKO email: \_\_\_\_\_@us.army.mil

1. The above named Soldier has been counseled about the ADME and the Incapacitation Pay (INCAP) programs and desires to enter or remain on active duty under the provisions of the ADME program.
2. This ADME packet has been reviewed for completeness and is submitted for your review and approval.
3. I have verified that this Soldier is not currently undergoing any UCMJ or adverse administrative actions. I recommend that this Soldier enter / remain on active duty under provisions of the ADME program. (Circle one)
4. If applicable, as an Army National Guard Unit Commander, I have received consent form the State Governor or other appropriate authority of the State concerned through JFHQ, Health Systems Specialist Headquarters for this Soldier to be considered for the ADME program.
5. Point of contact (POC) for this action is:

\_\_\_\_\_  
(Print POC’s name, phone number, and AKO email address)

Encl  
ADME Packet

Commander’s Name  
Signature Block

## ADME ENCLOSURE 2 – ADME Program INITIAL Packet Checklist

**NOTE: Where required, signatures and contact information must be included or packet processing will be delayed.**

\_\_\_\_\_ ADME Unit Cover Letter. **Must be in ADME format.**

\_\_\_\_\_ ADME Initial Packet Checklist. **Must be in ADME format.**

\_\_\_\_\_ Completed DA FORM 4187 – Request For Personnel Action. **Must be in ADME format.**

\_\_\_\_\_ Applicant Counseling Memorandum. **Must be in ADME format.**

\_\_\_\_\_ Leave Statement of Understanding. **Must be in ADME format.**

\_\_\_\_\_ Copy of document supporting training status (Unit sign-in roster, Annual Training order, or other type of order).

\_\_\_\_\_ Completed DA FORM 3349 – Physical Profile\*. **Must be completed by military medical authority and state the Soldier is not medically qualified to perform military duties in their MOS or AOC.**

\_\_\_\_\_ An attending physician statement, which includes the following:\*

- Current diagnosis
- Detailed current treatment plan (including estimated end of treatment date)
- Prognosis (include anticipated outcome)
- Attending physician's full name, grade (if applicable), office telephone number, email address, and any other contact information

\_\_\_\_\_ Approved Line Of Duty completed as per AR 600-8-4.\*

### **IF AVAILABLE**

\_\_\_\_\_ Other medical documentation to substantiate the medical condition.

\* NOTE: In an emergency, these items may be submitted after the Soldier is on an ADME order.

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Has Army National Guard unit commander received consent from the State Governor or his or her approval authority allowing this Soldier be ordered to active duty if approved by the MEDCOM ADME Medical Review Board and HRC-A? (Circle one) YES NO N/A if USAR

Has the Soldier participated in any of these programs? (Circle one or more) ADME INCAP MRP MRP2

Is the Soldier currently receiving Incapacitation (INCAP) Pay? (Circle one) YES NO

Does the Soldier have any current Uniform Code of Military Justice (UCMJ) or adverse administrative actions pending?

(Circle one) YES NO

Unit Point of CONTACT (POC) completing this ADME packet (PRINT INFORMATION):

Rank / Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone and Email contact information: \_\_\_\_\_

## ADME ENCLOSURE 3 – ADME Program EXTENSION Packet Checklist

**NOTE: Where required, signatures and contact information must be included or packet processing will be delayed.**

\_\_\_\_\_ ADME Unit Cover Letter. **Must be in ADME format.**

\_\_\_\_\_ ADME Extension Packet Checklist. **Must be in ADME format.**

\_\_\_\_\_ Completed DA FORM 4187 – Request For Personnel Action. **Must be in ADME extension format.**

\_\_\_\_\_ Completed current DA FORM 3349 – Physical Profile. **Must be completed by military medical authority and state that the Soldier is not medically qualified to perform military duties in their MOS or AOC.**

\_\_\_\_\_ Provider Statement. **Must be in ADME format. Must be in ADME format.**

---

Does the Soldier have any current Uniform Code of Military Justice (UCMJ) or adverse administrative actions pending? (Circle one) YES NO

Unit Point of CONTACT (POC) completing this MRP packet (PRINT INFORMATION):

Rank / Name:

\_\_\_\_\_

Job Title: \_\_\_\_\_ Phone and

POC's AKO email contact information: \_\_\_\_\_@us.army.mil

# ADME ENCLOSURE 4 –ADME DA FORM 4187 INITIAL Packet Format

Copy 1

Circle the appropriate copy designator  
Copy 2

Copy 3

Copy 4

<b>PERSONNEL ACTION</b> <small>For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER</small>			
<b>DATA REQUIRED BY THE PRIVACY ACT OF 1974</b>			
<b>AUTHORITY:</b>	Title 5, Section 3012; Title 10, USC, E.O. 9397.		
<b>PRINCIPAL PURPOSE:</b>	Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).		
<b>ROUTINE USES:</b>	To initiate the processing of a personnel action being requested by the soldier.		
<b>DISCLOSURE:</b>	Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.		
1. THRU (Include ZIP Code)	2. TO (Include ZIP Code) HUMAN RESOURCE COMMAND 200 STOVALL STREET ATTN: AHRC-PL-M-MS ALEXANDRIA, VA 22332	3. FROM (Include ZIP Code)	
<b>SECTION I - PERSONAL IDENTIFICATION</b>			
4. NAME (Last, First, MI)	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER	
<b>SECTION II - DUTY STATUS CHANGE (AR 600-8-6)</b>			
7. The above soldier's duty status is changed from <u>CURRENT DUTY STATUS</u> to _____			
10 USC 12301(h) for participation in the ADME effective _____ hours, _____			
<b>SECTION III - REQUEST FOR PERSONNEL ACTION</b>			
8. I request the following action: (Check as appropriate)			
<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card	
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags	
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations	
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS	
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB	
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify) <b>REQUEST ADME</b>	
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members		
9. SIGNATURE OF SOLDIER (When required)			10. DATE (YYYYMMDD)
<b>SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)</b>			
PARENT UNIT UIC: _____ UNIT POC: _____ UNIT PHONE: _____ UNITPOC EMAIL: _____ HOR: _____ CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: _____ ALTERNATE PHONE: _____ AKO EMAIL: _____ NEAREST ARMY MTF: _____ SEX: _____ MRD/ETS: _____			
<b>SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL</b>			
11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -			
<input type="checkbox"/> HAS BEEN VERIFIED	<input type="checkbox"/> RECOMMEND APPROVAL	<input type="checkbox"/> RECOMMEND DISAPPROVAL	<input type="checkbox"/> IS APPROVED <input type="checkbox"/> IS DISAPPROVED
12. COMMANDER/AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14. DATE (YYYYMMDD)	

DA FORM 4187, JAN 2000

PREVIOUS EDITIONS ARE OBSOLETE

USAPA V1.00

# ADME ENCLOSURE 5 – Active Duty Medical Extension (ADME) DA FORM 4187 Extension Packet Format

Copy 1

Circle the appropriate copy designator  
Copy 2

Copy 3

Copy 4

PERSONNEL ACTION			
For use of this form, see AR 600-8-6 and DA PAM 600-8-21; the proponent agency is ODCSPER			
DATA REQUIRED BY THE PRIVACY ACT OF 1974			
<b>AUTHORITY:</b> Title 5, Section 3012; Title 10, USC, E.O. 9397.			
<b>PRINCIPAL PURPOSE:</b> Used by soldier in accordance with DA PAM 600-8-21 when requesting a personnel action on his/her own behalf (Section III).			
<b>ROUTINE USES:</b> To initiate the processing of a personnel action being requested by the soldier.			
<b>DISCLOSURE:</b> Voluntary. Failure to provide social security number may result in a delay or error in processing of the request for personnel action.			
1. THRU (Include ZIP Code)	2. TO (Include ZIP Code) HUMAN RESOURCE COMMAND Medical Affairs Branch Attn. AHRC-PLM-MS 200 Stovall Steet, Alexandria, VA 22332	3. FROM (Include ZIP Code)	
SECTION I - PERSONAL IDENTIFICATION			
4. NAME (Last, First, MI)	5. GRADE OR RANK/PMOS/AOC	6. SOCIAL SECURITY NUMBER	
SECTION II - DUTY STATUS CHANGE (AR 600-8-6)			
7. The above soldier's duty status is changed from <u>N/A</u> to _____ _____ effective _____ hours, _____			
SECTION III - REQUEST FOR PERSONNEL ACTION			
8. I request the following action: (Check as appropriate)			
<input type="checkbox"/> Service School (Enl only)	<input type="checkbox"/> Special Forces Training/Assignment	<input type="checkbox"/> Identification Card	
<input type="checkbox"/> ROTC or Reserve Component Duty	<input type="checkbox"/> On-the-Job Training (Enl only)	<input type="checkbox"/> Identification Tags	
<input type="checkbox"/> Volunteering For Oversea Service	<input type="checkbox"/> Retesting in Army Personnel Tests	<input type="checkbox"/> Separate Rations	
<input type="checkbox"/> Ranger Training	<input type="checkbox"/> Reassignment Married Army Couples	<input type="checkbox"/> Leave - Excess/Advance/Outside CONUS	
<input type="checkbox"/> Reassignment Extreme Family Problems	<input type="checkbox"/> Reclassification	<input type="checkbox"/> Change of Name/SSN/DOB	
<input type="checkbox"/> Exchange Reassignment (Enl only)	<input type="checkbox"/> Officer Candidate School	<input checked="" type="checkbox"/> Other (Specify) REQUEST ADME EXTENSION	
<input type="checkbox"/> Airborne Training	<input type="checkbox"/> Asgmt of Pers with Exceptional Family Members		
9. SIGNATURE OF SOLDIER (When required)		10. DATE (YYYYMMDD)	
SECTION IV - REMARKS (Applies to Sections II, III, and V) (Continue on separate sheet)			
CURRENT UNIT UIC:		UNIT POC:	
UNIT PHONE:		POC AKO EMAIL:	
HOR:		CITY:	
CURRENT PHONE:		STATE:	
AKO EMAIL:		ZIP:	
CURRENT MTF:			
SEX: MRD/ETS			
TOTAL TIME IN ADME:			
SECTION V - CERTIFICATION/APPROVAL/DISAPPROVAL			
11. I certify that the duty status change (Section II) or that the request for personnel action (Section III) contained herein -			
<input type="checkbox"/> HAS BEEN VERIFIED <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DISAPPROVAL <input type="checkbox"/> IS APPROVED <input type="checkbox"/> IS DISAPPROVED			
12. COMMANDER/AUTHORIZED REPRESENTATIVE	13. SIGNATURE	14. DATE (YYYYMMDD)	

DA FORM 4187, JAN 2000

PREVIOUS EDITIONS ARE OBSOLETE

USAPA V1.00



## ADME ENCLOSURE 6 – Active Duty Medical Extension (ADME) Program Soldier Counseling

1. I, (PRINT NAME), \_\_\_\_\_ (SSN), \_\_\_\_\_ request orders to **remain on / return to** active duty to receive medical care for documented  
(circle one)  
unresolved injury(s), illness or disease incurred while performing military duties in an Individual Duty for Training (IDT) or Active Duty (AD) for other than contingency operations.
2. I understand that I will be assigned to an Army Medical Treatment Facility (MTF) Warrior Transition Unit (WTU) for command and control purposes and that can provide the necessary medical care for my evaluation, treatment, and if required, processing through the Army Physical Disability Evaluation System (PDES). This installation might not be the closest to my home. I might be required to perform “duty at” a unit other than my unit of assignment (Active Component or Reserve Component). I understand that my duty location when not undergoing actual medical care will be determined by the MTF WTU Commander, and is contingent on my medical physician’s medical care plan.
3. I understand that while participating in the ADME program, I will be evaluated for and treated for illness, injury, or disease that the ADME Medical Review Board determines as the reason to return me back to active duty.
4. I am not eligible for elective surgery.
5. While on active duty, I am subject to the Uniform Code of Military Justice (UCMJ) and applicable laws and regulations that govern my duty, actions, conduct, performance, responsibilities and obligations.
6. The following are my responsibilities, as I understand them:
  - a. I will report for duty on the date and time specified on my orders. My duty station will be the unit of assignment designated by my orders.
  - b. I will ensure that I clearly understand my chain of command at my new duty station.
  - c. I will keep my chain of command informed of all medical appointments. Medical appointments are my designated place of duty on the specified date and time.
  - d. I will attend all medical appointments unless circumstances arise which are clearly beyond my control and the appropriate authority has approved changes.
  - e. Failure to report to my appointed place of duty, attend medical appointments as required or to keep my chain of command informed of my duty status may result in UCMJ action and possible Release From Active Duty (REFRAD) with loss of post

REFRAD medical benefits. REFRAD will be conducted in accordance with AR 600-8-101.

7. I understand leave will accrue while in an ADME status. Leave is authorized if it does not interfere with, delay, or extend my medical treatment plan, or delay out-processing from the ADME program, or, if applicable, the PDES process. Transitional leave may be authorized when REFRAD or separating. Unused leave may be sold back, if eligible. Permissive TDY (PTDY) is **not** authorized.

8. I understand I will accrue retirement points while in an ADME status.

9. I understand I may compete for promotion on the Reserve Active Status List (RASL) for not more than 3 years or from the date ordered to Active Duty.

10. I understand upon completion of my medical treatment and /or PDES action I will be REFRAD or separated from the Army.

11. I understand that when on active duty under ADME status, I am not entitled to Permanent Change of Station (PCS) entitlements.

12. I understand that I will receive per diem while in ADME only if I reside away from home and government quarters are not available and a certificate of non-availability is issued by installation housing.

13. I understand that I will receive Basic Allowance for Housing (BAH) / Basic Allowance for Subsistence (BAS) entitlements. HOR zip code determines the BAH rate.

14. I understand that once ADME orders are issued, I am required to serve on active duty until REFRAD/separated. I understand that I may request early REFRAD in accordance with Army policy and procedures, but that approval is subject to the Army's needs. I understand that I will be required to complete the PDES process if I REFRAD early.

15. If necessary, I must reenlist through my current Reserve Component to cover this period of active duty prior to the report date on the ADME order.

16. I understand I may not receive pay and benefits under the ADME program and any other Federal or State benefits concurrently not permitted by law. This includes Veterans Administration disability.

17. I understand that if I received payments such as separation incentives and medical separation pay from previous periods of active federal service, it may result in indebtedness to the Government during my active duty service under the ADME program. I am not authorized to receive such payments and active duty pay concurrently. Contact your unit commander to obtain guidance from finance personnel on the effects and re-payment requirement plan. POC is your servicing Army Finance office or the Defense

Finance and Accounting Service-Indianapolis (DFAS-IN), Wounded In Action (WIA)  
Support Team at (317) 510-2608/2617/2628.

18. Soldier's statement explaining why they are applying for ADME:

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19. I understand a copy of this letter will be placed in my official file and forwarded to my gaining command.

20. I acknowledge that I have read and understand the information contained in this letter.

Print Name/Rank: \_\_\_\_\_

Soldier's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Individual Providing Counseling:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Duty Position: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

AKO email address: \_\_\_\_\_

Privacy Act, Sec 3 (c)(10), Established Appropriate Safeguards for Personal Information.  
This information will not be released outside DOD without prior written consent from individual concerned or for the purposes stated herein.

## ADME ENCLOSURE 7 – LEAVE STATEMENT OF UNDERSTANDING

1. REFERENCES: AR 600-8-10, AR 635-40
2. I am aware that while I am participating in the Active Duty Medical Extension (ADME) program, I will accrue leave and may take leave during this period of active duty.
3. While undergoing medical evaluation and treatment, I may take leave if it does not conflict with this care. I must coordinate this leave through my Case Manager and obtain approval from my company chain of command.
4. If I enter the Physical Disability Evaluation System (PDES), I may take leave if such leave does not conflict with the completion of the Medical Evaluation Board (MEB) or Physical Evaluation Board (PEB). While in the PDES process, I must coordinate my leave with the Physical Evaluation Board Liaison Officer (PEBLO) and obtain approval from my chain of command.
5. I may be authorized transitional leave at the time of my release from active duty (REFRAD), discharge/separation, or retirement. Permissive TDY (PTDY) is **not** authorized.
6. All unused leave, up to 60 days may be sold back, if eligible.

Name: \_\_\_\_\_ Rank: \_\_\_\_\_

AKO email: \_\_\_\_\_@us.army.mil

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ADME ENCLOSURE 8 – Statement of Declination, or Withdrawal from the ADME Program**

REQUESTING UNIT'S LETTERHEAD

OFFICE SYMBOL

DATE

MEMORANDUM FOR Human Resources Command – Alexandria,  
Attn: AHRC-PL-M-MS (ADME Team), 200 Stovall Street, Alexandria, VA 22332  
<mailto:rcmedicalretention@conus.army.mil>

SUBJECT: Declination of, or Withdrawal from, the Active Duty Medical Extension (ADME) Program

1. I, (PRINT NAME), \_\_\_\_\_ (SSN), \_\_\_\_\_ decline orders to **return to or remain** on active duty status for medical care, and if applicable,  
(Circle one)

process through the Army Physical Disability Evaluation System (PDES) as a participant in the ADME program.

2. I understand that I have not waived my right to medical care. I am entitled to care through military or Department of Veterans Affairs (DVA) medical treatment facilities for “in line of duty” illness or injury (DA Form 2173) sustained while on mobilization orders in support of the Global War on Terrorism and documented in my military medical records.

3. I understand if I have entered the PDES process that this process will continue even if not completed by my REFRAD date.

4. I may also be eligible to apply for Incapacitation Pay through my Reserve/NG unit.

Soldier's Signature:

Print Name/Rank: \_\_\_\_\_

Soldier's AKO email: \_\_\_\_\_@us.army.mil

Date: \_\_\_\_\_

Individual Providing Counseling:

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Duty Position: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Privacy Act, Sec 3 (c)(10), Established Appropriate Safeguards for Personal Information. This information will not be released outside DOD without prior written consent from individual concerned or for the purposes stated herein.

**ADME ENCLOSURE 9 – Active Duty Medical Extension (ADME) Program Board Case Review Memorandum**

DATE: \_\_\_\_\_

MEMORANDUM FOR Human Resources Command – Alexandria,  
Attn: AHRC-PL-M-MS (ADME Team), 200 Stovall Street, Alexandria, VA 22332  
Email: [rcmedicalretention@conus.army.mil](mailto:rcmedicalretention@conus.army.mil)

SUBJECT: Request for Active Duty Medical Extension (ADME) Case Review Results

1. I have reviewed the enclosed ADME program application packet for

\_\_\_\_\_  
(Print Soldier's name, rank, and SSN)

2. Based on documents reviewed:

RECOMMEND

DO NOT RECOMMEND this Soldier for entry into the ADME program because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. My contact information is:

\_\_\_\_\_  
(Print Board Member's name, telephone number, and AKO email address)

Encl  
ADME Packet

**ADME ENCLOSURE 10 – Extension Packet Provider Statement**

DATE: \_\_\_\_\_

SOLDIER'S NAME: \_\_\_\_\_ MODS ID #: \_\_\_\_\_

CURRENT WTU Order# \_\_\_\_\_ Expiration Date: \_\_\_\_\_

The Deputy Commander of Clinical Services, \_\_\_\_\_ Location, has reviewed Soldier's prognosis and plan of care. Above named Soldier will need an extension to complete WTU process. Specific plan of care is indicated below.

Extend on WTU based on the plan of care/prognosis/timeline as indicated below:

a. \_\_\_ Soldier has met Optimal Medical Benefit (OMB) and meets Retention Standards, Soldier needs an extension to start the REFRAD process.

b. \_\_\_ Soldier has met OMB, does not meet Retention Standard; and will be referred to MEB on or about \_\_\_\_\_.

c. \_\_\_ Soldier is currently in MEB process and will most likely be referred to the PEB on \_\_\_\_\_.

d. \_\_\_ Soldier is currently in PEB process and needs extension to complete PEB.

e. \_\_\_ Soldier has not met OMB but will most likely MEET retention standard. Will begin REFRAD process on or about \_\_\_\_\_.

f. \_\_\_ Soldier has not met OMB and will most likely NOT MEET retention standard. Will be referred to MEB on or about \_\_\_\_\_.

g. \_\_\_ Soldier has been diagnosed with another service connected or service aggravated condition and needs additional medical treatment.

1) Soldier will most likely meet retention standard and start REFRAD process on or about \_\_\_\_\_.

2) Soldier will most likely NOT meet retention standard and will be referred to MEB on or about \_\_\_\_\_.

Primary Care Provider Signature: \_\_\_\_\_

Name and AKO Email Address: \_\_\_\_\_@us.army.mil

Deputy Commander Clinical Services, DCCS Signature: \_\_\_\_\_

DCCS Name : \_\_\_\_\_ (required for requests extending WT **beyond 365 days**)

Name and AKO Email Address: \_\_\_\_\_@us.army.mil

WTU Commander's Signature: \_\_\_\_\_

Name and AKO Email Address: \_\_\_\_\_@us.army.mil

## ADME ENCLOSURE 11 – Extension Packet Provider Statement

Soldier's full name: \_\_\_\_\_ SSN (last four): \_\_\_\_\_ Date \_\_\_\_\_  
Soldier's AKO email: \_\_\_\_\_@us.army.mil

MEMORANDUM FOR AHRC, Attn: AHRC-PL-M-MS, 200 Stovall Street, Alexandria, VA 22332  
<mailto:rcmedicalretention@conus.army.mil>

SUBJECT: I Request the following action for my (circle one) **MRP/MRP2/ADME** packet,  
Please select **only one** option and initial:

**1. \_\_\_\_\_ I am Re-submitting a packet for MRP \_\_\_\_\_ MRP2 \_\_\_\_\_ ADME \_\_\_\_\_ (check one)**

- \* I have added ***new*** documents for the Medical Review Board.
- \* If approved, the order effective date will be the date a completed packet was received by HRC-A.
- \* I understand that resubmission of my packet does **NOT** ensure acceptance into the WTU Program.

**2. \_\_\_\_\_ I am requesting an Administrative Appeal to the denial of my WTU application**

- \* I have **NOT** been denied due to a Medical Review Board's decision.
- \* I have **NOT** enclosed any new documents.
- \* I have **NOT** appealed this application to HQDA, G1, or the Army Boards for Correction of Military Records (ABCMR or ARBA).
- \* I understand that an approved administrative appeal approval does **NOT** ensure acceptance into the WTU Program.

**3. \_\_\_\_\_ I am requesting a Medical Appeal of the denial of my WTU application**

- \* I have **NOT** been denied a previous appeal.
- \* I have **NOT** enclosed any new documents.
- \* I have **NOT** appealed this application to HQDA, G-1, or the Army Boards for Correction of Military Records (ABCMR or ARBA).
- \* I understand that a request for medical appeal does **NOT** ensure acceptance into the WTU Program.

**4. \_\_\_\_\_ I am requesting an Administrative Exception to Policy**

- \* I understand that an approved administrative exception does **NOT** ensure acceptance into the WTU Program.

**On above request The Medical Review Board will make the final determination of eligibility based on medical criteria.**

**Initial Yes or No:**

- |   |                  |                 |
|---|------------------|-----------------|
| a. I am currently in the <b>MEB</b> or <b>PEB</b> Process | <b>YES</b> _____ | <b>NO</b> _____ |
| b. I am currently a member of the Selected Reserve        | <b>YES</b> _____ | <b>NO</b> _____ |
| c. All administrative documents are attached              | <b>YES</b> _____ | <b>NO</b> _____ |
| d. All required medical documentation is attached         | <b>YES</b> _____ | <b>NO</b> _____ |

ALL requests require a typed summary (simple letter format) stating why the request is being submitted (be specific: my X-rays were added, my MRI results are in) and why it should be approved.

Soldier's signature \_\_\_\_\_  
POC Name \_\_\_\_\_ POC AKO \_\_\_\_\_@us.army.mil



### 33. GLOSSARY:

ADME	Active Duty Medical Extension
AGR	Active Guard Reserve
AHLTA	Armed Forces Health Longitudinal Technology Application; the Army's electronic medical record
AOC	Area of Concentration
AORS	ARPERCEN Orders and Resource System
AR	Army Regulation
ARNG	Army National Guard
ARIMS	Army Records Information Management System (AR 25-400-2)
ASA (M&RA)	Assistant Secretary of the Army (Manpower and Reserve Affairs)
Attn:	Attention
BAH	Basic Allowance for Housing
BAS	Basic Allowance and Subsistence
C2	Command and Control
CBHCO	Community Based Health Care Organization
CIP	Combat Related Injury Rehabilitation Pay
COM	Commercial
DA	Department of the Army
DCS	Deputy, Chief of Staff
DEERS	Defense Enrollment Eligibility System
DFAS	Defense Finance and Accounting Service
DJMS	Defense Joint Medical Pay System
DODD	Department of Defense Directive
DODFMR	Department of Defense Financial Management Regulation
DODI	Department of Defense Instruction
DSN	Defense Switching Network
eMILPO	electronic Military Personnel Office
ETS	Estimated Time of Separation
FAX	Facsimile
FSA	Family Separation Allowance
HIPAA	Health Insurance Portability and Accountability Act of 1996
HOR	Home of Record
HQDA	Headquarters, Department of the Army
HRC-A	Human Resources Command – Alexandria
HSS	Health Service Support
IADT	Initial Active Duty Training
IAW	In Accordance With
IDT	Individual Duty Training
INCAP	Incapacitation Pay
IRR	Individual Ready Reserve
ITA	Invitational Travel Authorizations
ITP	Individual transition plans
JFHQ	Joint Field Headquarters
LDI	Line of Duty Investigation

LNO	Liaison Officer
MEDCOM	Medical Command
MHO	Medical Holdover Operations
MHU	Medical Holding Unit (renamed WTU)
MODS	Medical Operations Data System
MOS	Military Occupational Specialty
MRD	Mandatory Removal Date
MRP	Medical Retention Processing
MRPU	Medical Retention Processing Unit
MTF	Medical Treatment Facility
MTOE	Modified Table of Organization and Equipment
NCOER	Noncommissioned Officer Evaluation Report
NDAA	National Defense Authorization Act
OER	Officer Evaluation Report
OIC	Officer in Charge
OTSG	Office of the Surgeon General
PCM	Primary Care Manager
PCS	Permanent Change of Station
PDES	Physical Disability Evaluation System
PDRL	Permanent Disability Retirement List
PTSD	Post Traumatic Stress Disorder
RC	Reserve Component
REFRAD	Release from Active Duty
RMC	Regional Medical Center
RRC	Regional Readiness Command
SECDEF	Secretary of Defense
SFAC	Soldier Family and Assistance Center
SRP	Soldier Readiness Processing
TDA	Table of Distribution and Allowance
TDRL	Temporary Disability Retirement List
TPU	Troop Program Unit
TRANSPOC	Transition Processing
UCMJ	Uniformed Code of Military Justice
USAR	United States Army Reserve
USC	United States Code
USAFINCOM	United States Army Finance Command
WT	Warrior in Transition
WTU	Warrior Transition Unit (previously MHO)
WTU – RC	Warrior Transition Unit – Reserve Components

## ADME ANNEX A. - PAY AND ENTITLEMENTS CHART:

Benefits/Entitlements	References	ADME	MRP/MRP2
Basic Pay	Title 37, Sec 204, 203 & 206 DoDFMR, Vol 7A, Ch 2 DoDFMR, Vol 7A, Ch 57 DoDFMR, Vol 7A, Ch 58	Same as AD	Same as AD
BAH	37 USC 403 JFTR Volume 1, Ch 10	Yes (if on Orders > 30 days	Yes
BAS	37 USC 402 DoDFMR, Vol 7A, Ch 25 DoDFMR, Vol 7A, Ch 57	Yes	Yes
Family Separation Pay (on AD > 30 Days)	37 USC 402, 427 DoD FMR Vol 7A, Ch 27 & 57.	Same as AD	Same as AD
Tax Benefits (while serving in Combat zone or Hazardous duty Area)	26 USC 112	Same as AD	Same as AD
Combat Related Injury Rehabilitation Pay (CIP)	37 USC 328, ALARACT 134/2006	Not Eligible	Same as AD (not authorized when assigned to CBHCO)
Hostile Fire/ Imminent Danger Pay (while serving in Combat zone or Hazardous duty Area)	37 USC 310, DoDI 1340.9, DoD FMR Vol 7A, Ch 10	Same as AD	Same as AD
Hazardous Duty Incentive Pay (while serving in Combat zone or Hazardous duty Area)	37 USC 310, DoDI 1340.9, DoD FMR Vol 7A, Ch 10, Ch 57, Ch 58	Same as AD	Same as AD
Foreign Language Proficiency Pay	37 USC 316, DoDI 7280.3, FMR Vol 7A, Ch 19, Ch 57, Ch 58	Same as AD	Same as AD
Special Duty Assignment Pay	37 USC 307, DoDI 1304.27, FMR Vol 7A, Ch 19, Ch 8, Ch 57	Same as AD	Same as AD
Medical & Dental Special Pay for RC Officers	37 USC 302 & 302b, FMR Vol 7A, Ch 5 & 6	No	Same as AD If on active duty >30 days & < one year.
Special Pay for Other Health Care RC Officers	37 USC 302 & 302b, FMR Vol 7A, Ch 5 & 6	No	Same as AD If on active duty >30 days & < one year.
Member Medical and Dental benefits	10 USC 1074 & 1074a	Same as AD	Same as AD
Tricare Dental Program for RC members	10 USC 1076a	Same as AD	Same as AD
Tricare Dental Program for Dependents	10 USC 1076a	Same as AD	Same as AD

Retirement or Separation for Physical Disability	10 USC 1201 - 1206, DoDI 1332.38	Same as AD	Same as AD
Dependent Medical Benefits	10 USC 1076	Same as AD	Same as AD
Transitional Health Care: Member and Dependents	10 USC 1145	No	Same as AD
<b>Commissary, PX, MWR, Benefits</b>			
Commissary, PX, MWR	10 USC 1063 & 1064	Same as AD	Same as AD
Space Required or Space Available Travel	DoD 4515.13-r	Same as AD	Same as AD
Legal Assistance	10 USC 1044	Same as AD	Same as AD
Accumulation of Leave/ Payment for Unused leave	AR 635-40, AR 600-8-10, Army MILPER Message 05-036	Yes: <b>May be authorized to take Terminal Leave.</b> May Cash Leave at REFRAD	Yes: <b>May be authorized to take Terminal Leave.</b> May Cash Leave at REFRAD
Reemployment rights	Chap 43 of title 38 (section 4312), DoDI 1205.12	Yes: not to exceed <b>five years</b> of cumulative active duty service.	Yes (time ISO contingency operations doesn't count towards five year cap)
Intention to Return to Work: must submit an application to the employer.	Chap 43 of title 38 (section 4312), DoDI 1205.12	< 181 days: within 14 days. > 180 days within 90 days of REFRAD	< 181 days: within 14 days. > 180 days within 90 days of REFRAD
Reemployment or Return to work rights of <b>Hospitalized</b> (inpatients) Soldiers	Chap 43 of title 38 (section 4312), DoDI 1205.12	Time will extend by up to two years.	Time will be extended by up to two years.
Employer Pension Benefit Plans	Chap 43 of title 38 (section 4318), DoDI 1205.12	Military service treated as employment time. Employee has up to 5 years to make up any contributions otherwise would have been made to the pension plan.	Military service treated as employment time. Employee has up to 5 years to make up any contributions otherwise would have been made to the pension plan.
Civilian Employment <b>Retention</b> (can not be discharged except for cause)	Chap 43 of title 38 (section 4316), DoDI 1205.12	For 180 days if served > 31 days but < 181 days. For one year if served > 180 days.	For 180 days if served > 31 days but < 181 days. For one year if served > 180 days.
Assistance with reemployment issues	Chap 43 of title 38 (section 4321), DoDI 1205.12	Office of the Assistant Secretary for Veterans' Employment and Training, US DOL, 200 Constitution Ave. NW, Room S-1325, Washington DC 20210. Vets Staff Directory Tel. # (202) 693-4738. <a href="http://www.dol.gov/vets/aboutvets/contact/s/main.htm">http://www.dol.gov/vets/aboutvets/contact/s/main.htm</a>	Office of the Assistant Secretary for Veterans' Employment and Training, US DOL, 200 Constitution Ave. NW, Room S-1325, Washington DC 20210. Vets Staff Directory Tel. # (202) 693-4739. <a href="http://www.dol.gov/vets/aboutvets/contacts/main.htm">http://www.dol.gov/vets/aboutvets/contacts/main.htm</a>